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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

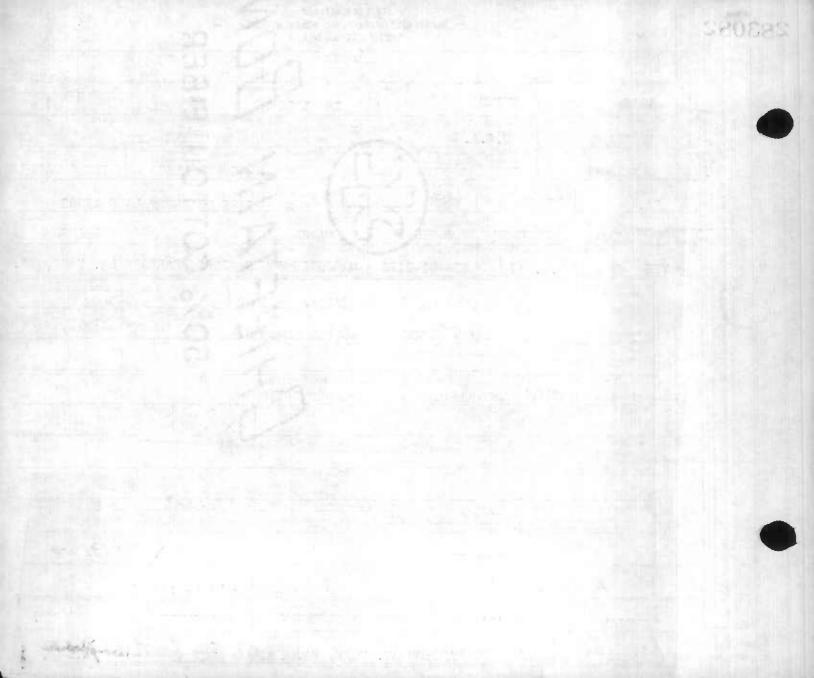
DEC	NO	

BALTIMORE    SUCH FACILITY, GIVE STREET ADDRESS)   TYPE OF WORK FOR MOST OF WORKING LIFE   INDUSTRY		REGISTRAR				CERTIF	ICATE OF	DEATH		REG.	NO.				
SEPT			FIRST	A	MIDDLE	ı	AST	The same	2a DATE	OF DEATH	MONTH	DAY	YEAR	26. HOUR	-11
SEAL   STATE   STATE CHORGE   STAT	ì		WITT	TAM .	ſρ		-	ONEC	9	SEPT.	28.198	35		10:4	5AM
MALE  WHITE  1. BRITIPACE STATE CATORICON  TO CITIZEN OF WATA COUNTRY?  WAS DEFINED.CE STATE CATORICON  MARYLAND  U.S. A.  WORK  WORK  BALTTMORE  BALTTMORE  JUNA SCOROSPITAL NUESBOS CHORE MASTORIUS  WORK  BALTTMORE  JOHNS HOPKINS HOSPITAL  JOHNS	3 SE	х					F BIRTH		6 AGE	IN YEARS LAST	BIRTHDAY)	-			
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MARYLAND  U.S.A.   WIDOWED   DIMORED   DIMORED			EIGN 76	CITIZEN OF	WHAT COUNTRY	8 MARRIEI	NEVER	MARRIED -	9 BALTI	MORE CITY	OR COUNT	Y OF DEA	ATH		
BALTTMORE  JOHNS HOPKINS HOSPITAL  SOLUTIONS HOPKINS HOSPITAL  PA. YORK  PA. YORK  JS STATE  PA. YORK  JS STATE ON SAMPE  MILIAM  HUMPHREY  JONES  MABBEL  MODE  MODE  MABBEL  MODE  MOD	1		1	U.S.	۸.				1	BALTIN	ORE C	YTI			MD.
BALTIMORE  JOHNS HOPKINS HOSPITAL  + CONTROLLER  WIRE & CABLE  STULA RESIDENCE (# NOUNDED AS A COINE MUSICIPION OF TEXAMETER ADDRESS / ZIP CODE  JAS STATE  JAS CITY OR TOWN  PA.  YORK  YORK  YORK  YORK  YORK  YORK  JAS CITY OR TOWN  YORK  WILLIAM  HUMPHREY  JONES  JONES  MABEL  MODIE  MELBAUGH  ADDRESS  DEARBORN LAN YORK, PA.  JONES  MARJORIE JONES  JONES  JONES  JONES  MARJORIE JONES  JONES  JONES  JONES  JONES  MARJORIE JONES  JON	10 C	ITY OR TOWN OF DEATH	1 / 11				R OTHER IN	STITUTION						F BUSINES	SOR
134 STATE   YORK   13 CITY OR TOWN   YORK   134 INSIDE CITY LIMITS   135 STREET ADDRESS / ZIP CODE   YORK	_		/	JOHNS	HOPKINS	HOSPI	TAL	No.						& CAI	BLE
WILLIAM HUMPHREY JONES  MABEL  MABBEL  MARJORE KELBÄUGH  MARJORES  KELBÄUGH  ADDRESS  MARJORI JONES  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  DATE  CAUSE OF DEATH LEnter only one couse per line for (d), (b), and (c.)  PART I DEATH WAS CAUSED BY  MARJORIE JONES  MARJORIE JONES  DEATH JONES  MARJORIE JONES  DEATH JONES  MARJORIE JONES  DEATH JONES  MARJORIE JONES  DEATH JONES  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  DEATH JONES  MARJORIE JONES  DEATH JONES  MARJORIE JONES  DETTION  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  DETTION  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  DETTION  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  MARJORIE JONES  DETTION  MARJORIE JONES  MARJORI JONES  MARJORIE JONES  MARJORI JONES  MA	130 5	STATE	LOUNTY		13c CITY OR TOV		YES 🗌	NO X	298				174	102	9
WILLIAM HUMPHREY JONES MABEL KELBAUGH  188 WAS DECEASED EVER IN U.S. ARMED FORCES? 188 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  189 WW. W. II  180 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  180 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  180 SOCIAL SECURITY NO. 18 INFORMATT ADDRESS OF OCCUPATION ADDRESS	14 F 1		AA IF	O. E.	LAST	TAN	15 MOTHER		WE	MIDDIE			1.451		-
166 MAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   17 INFORMANT   17 INFORMANT   ADDRESS   17 INFORMANT   17	/						M			MIODEL		KI	ELBA	UGH	
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ON COUNTY MEDICAL EXAMINER)    P.M.   19				110110 4		AY YEAR	21c. HOW I	INJURY OCCURE	RED (ENTE	R NATURE OF I	NJURY IN ITEM 18	PARTIORP	ART 2)		
220.1 certify that (I) (this haspital) attended the deceased from 9/12 19 85 to 9/28 19 85 that (I) (we) last saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  22c. DATE SIGNED  PHYSICIAN'S NAME (TYPE OF PRINT)  22d. DATE SIGNED	CAL				۸.	19									
220.1 certify that (I) (this haspital) attended the deceased from 9/12 19 85 to 9/28 19 85 that (I) (we) last saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  22c. DATE SIGNED  PHYSICIAN'S NAME (TYPE OF PRINT)  22d. DATE SIGNED	EDI	214 INJURY OCCURRED				7 1 B 10 5 T C 1				CHYO	TOWN	COU	NTY	STA	TE
230 BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 230 FLOWER COUNTY ATTER AND COUNTY AND COUNTY ATTER AND COUNTY AND COUNTY ATTER AND	Σ			[AT HOME, STR	EET, PACTORY OFFICE	TARM EIC									
Saw the deceased alive an 9/28 19 25, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF 9/28  PHYSICIAN'S NAME (TYPE OF PRINT)  22c. DATE SIGNED  PHYSICIAN'S NAME (TYPE OF PRINT)  22d. DATE SIGNED		22a.1 certify that (I) (th	nis haspital	) attended the	deceased fram.	91	ユ	19 85	, to	9/2	-8	19 8	5	that (I) (we	e) last
226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN  226. ADDRESS  AMY KLION  236. BURIAL, CREMATION, REMOVAL 236. DATE  236. NAME OF CEMETERY OR CREMATORY  (SPECIFY)  COUNTY MATE				- /		25 , ar	d that in (my	y) (aur) apinian	death acc	urred on the	date and he	our and tro	om the	causes state	ed
PHYSICIAN DIRECTOR PHYSICIAN  22d. PHYSICIAN'S NAME (TYPE OF PRINT)  AMY KLION  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CREMETERY OR CREMATORY (SPECIFY)  23d. LOCATION  COUNTY  COUNT			(did nat)	new the body	offer death.		DEGREE					220	DATE	SIGNED	
AMY KLION JOHNS HOPKINS HOSP  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 23d LOCATION COUNTY MATERIAL COUNTY STOPPING OF COUNTY MATERIAL COUNTY MATER		,	An	10									91.	85	
236 BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY INTO THE		22d. PHYSICIAN'S NAM	E TTYPE OR P	RINT)			22e ADDRE	SS		1					
(SPECIFY) CITY OR TOWN COUNTY MT4TE		AM	YK	LION			J	ohns	HOF	KINS	403	P			
	23a E	BURIAL, CREMATION, RE	MOVAL									COUNT	Y	مقد	ATF.
				10/2/1	1985	PARKWO	OD CEM	ETERY	N	MALTIN	ORE	200141		MD	•

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

471 MADISON AV. YORK, PA



theors after death.

					STATE OF
7057	FOR	William	T.	Jones	DEPARTMENT OF HEAL

MARYLAND

TH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

1		REGISTRAR		CB1(11)	CALL OF DEATH.	REG. NO	D.		
		CEASED NAME FIRST	WIDDLE	L.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
113	(ITPE	EOR PRINT) WILLIA	Thomas	. 10	NES		9 28	85	10:31 M
20	3 SEX	X	4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	IHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
		MALE	WHITE	MONTH	3 1895	89	YRS.		HOURS MIN.
91		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O			
6	So	outh Carolina	U.S.A	WIDOWE		BALTIM	OICE	· Cit	y MD.
3/1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120 USUAL OCCUPATI	ON I		F BUSINESS OR
0	-	.lti.more	SOUTH BAUTIM	iure G	EN. HOSP.	Furniture F	inisher	Fur	niture
23	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE ISL COUN	TARUNDEL BAL	TOWN TOWN	136 INSIDE CITY LIMITS?	13e SIREET ADDRESS	nds lar	ne 2	1225
21	ANFA	Thomas	MIDDLE LAST	ones	15 MOTHER'S MAIDEN NA	WIDDLE		Brown	1
49	160 V	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE	SS		
Z ged	(	YES, NOOR UNKNOWN) (IF YES, GIV	248-10	0-8707	Mary A. Hami	mock Same	as 13e		
2		18. CAUSE OF DEATH (Enter on		and ic				BETWEEN C	MATE INTERVAL ONSET AND DEATH
ven		PART I. DEATH WAS CAUSE	TE CAUSE (a) RES PI	RATOR	4 ARREST	. =			
a a		MMEDIA	DUE TO, OR AS A CONSI			h .	*		
9		2							
0	Conditions, if any, which gove rise to immediate (b) END STALE COPD, PNEUMONIA BRONCH								
Tue		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF			944 A.		
0 10			(c)						
'n	z	PART 2 OTHER SIGNIFICANT		S TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PARI To	
<u> </u>	CERTIFICATION		LURE	U.S. I. O.B. D. T. I.	THE PERSONNER	Ten AUTORSV2	TOP IE VEC 14	EDE EINIDIA	ICE HEED
uo /	CA	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
5	TIE					YES NO	YES [	3	NO 🗌
20/1	G	210 ACCIDENT WAS UNDERLYING	LICHE A MA MONITH	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
E	AL	OR CONTRIBUTING CAUSE OF DE	ATH.	19					
=	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	NA(B)	COUNTY	STATE
De	X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE FARM, ETC )	STREET	CITIONIC	***		3,710
304		220 I certify that (I) (this hosp	ital) attended the deceased for	m 8-Z	1-85 19	10 9-28	19	2.8	that (1) (we) last
15		saw the deceased alive an	9-28	-	nd that in (my) (aur) apınian	death accurred an the d	ate and haur ar		
E 7		obove, (I) (we) (did) (did no	at) view the bady after death.					22c DATE	
±	/	22b. SIGNATURE	0. 10	111	DEGREE ATTENDING	MEDICAL STA	FF	9-28	
	(	Miche	Mille	- avo	PHYSICIAN	DIRECTOR PHYSIC		4-68	-73
A		224 PHYSICIAN'S NAME (TYPE		1 - 1 - 2 - 2	22e ADDRESS	LIANINED	17		
MPORTAN		MICHAEL	RALAN		3001 80.	HANOVER	7(,		
3	23o E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DAJE /-	23t NAME OF C	EMETERY OR CREMATORY	CET 23d LOCATION			
		(SPECIFY) BURIAL	10/1/85	Cedar Cr	eek Bap. Chu	rch Bishopy	ille "	Lee	S.C.

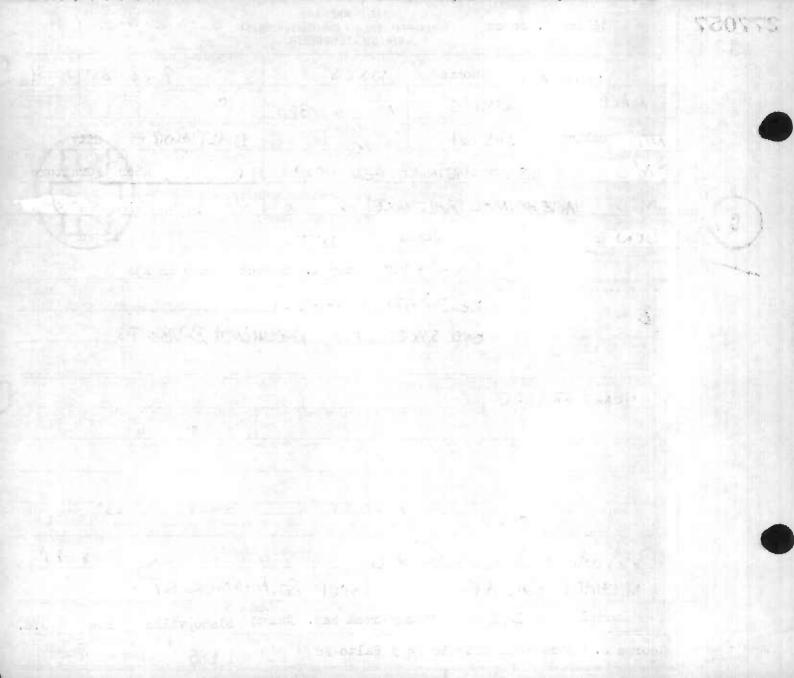
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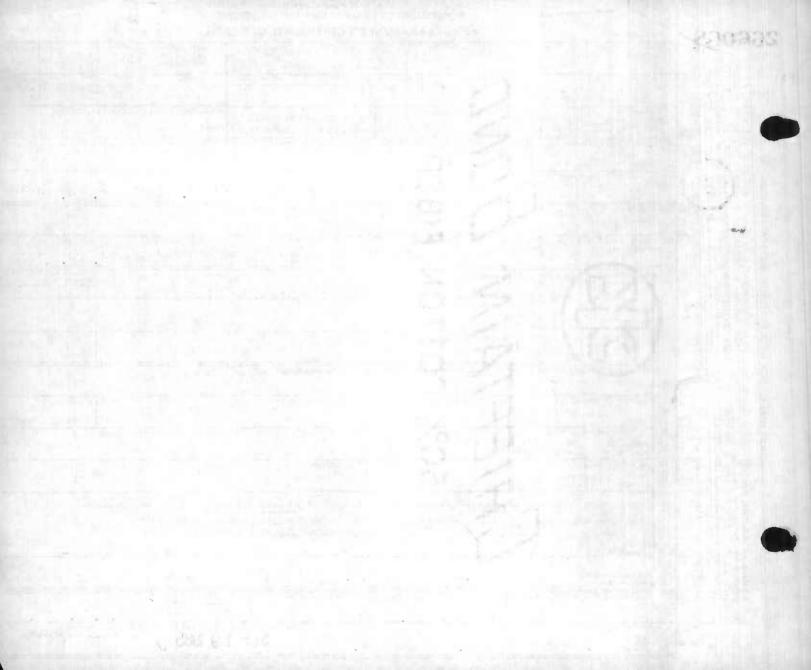
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove corbahape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

George J. Gonce 4001 Ritchies Hgwy Balto Md

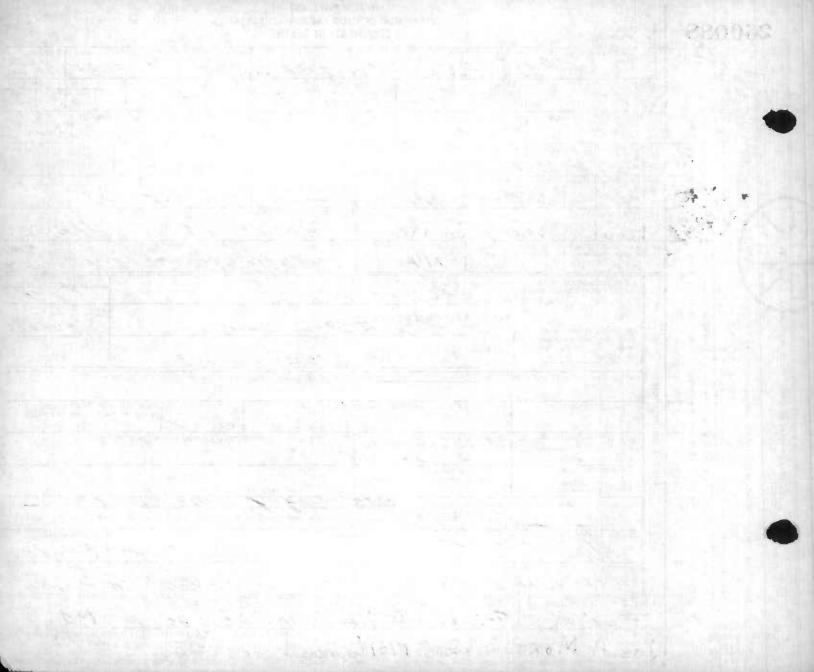
250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE OCT



I. FOR			DEP	STA ARTMENT OF I		AND ME		GIENE:	2	5 1	1	9
STA	TE ISTRAR		MEDIC	AL EXAMIN				DEATH	REG. N			
DECEA (TYPE OR		OLLIE	JOIN	JOR	DAN	LAST		2ª DA1 Of DEA	TE KNOWN F ESTI- TH MATED [		19	R 26 HOUR
	ale Bla		6 19	O, Ak	ARS IF UN MONTH		HOURS	MIN PRONC	DUNCED EAD	9-13-	19	6:37P
SOU	PLACE (STATE OR COUNTRY Th Caroli	na US			WIDOW	/ \	DIVORCE	Bal	timore city	City		MD
Ва	or town of death .1timore	1610	E. Bio	L, NURSING HOME GIVE STREET ADDRESS) ddle Stre	et	ER INSTITUTI	ION	FOR MOST OF Labor	CUPATION (TY WORKING LIFE)	PE OF WORK 12	OR INDUSTRY  NONE	
Nar Mar	yland	ING HOME OR OTHER INST	TITUTION, GIVE RESI	CITY OR TOWN Baltimor	e e	13d. INSIDE CIT	Y LIMITS?	13e STREET AD	E. Bido	dle St	. Md.	21213
) L	r's NAME Inknown	MIDDLE		LAST		15 MOTHER FIR	Unk	nown	MIDDLE		LAST	
160. WAS (YES, N	DECEASED EVER IN OR UNKNOWN) (1	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE	(5)	228-32-23		Mart Mart		rbin 91	ADDRES			21218
	Conditions, if any gove rise to in cause (o) stoting the lying cause lost.	nmediate he <u>under</u> -	(c)	CONSEQUENCE (		OR CONDITION	GIVEN IN PART	1 (a:				
CERTIFICATION 1361	DATE OF OPERATI	. CONDITION	FOR WHICH OPER	ATION W	AS PERFORM	AED?				20 AUTOP:		
	EXTERNAL CAUSE	H	TIME OF INJU OUR A.M. MO P.M.	DNTH DAY YEAR	21c. HC	OW INJURY O	OCCURRED	ENTER NATURE O	OF INJURY IN ITEM TE	PART I OR PART		
EAST	HILE NOT W		PLACE OF IN STREET, FACTORY, F	JURY (AT HOME. ARM, ETC.)		TREET		CITY OF	RTOWN	COUNT	ΙΥ	STATE
AC	226. I certify that I to eath resulted from: TUAL GNATURE	-	N/		Autaps	Homicio	ECIFY)	Undetermined  MEDICAL EX	manner .	DATE SIGNED	ian 1-14-8	5
(TY	AMINER'S NAME PE OR PRINT)		y R. Ka	auffman,				Penn S				
(SPECH	Burial RALDIRECTOR	9-18	3-85	Mt. Ca					Burnie	A.A.	000	MD.
	liam J. S	picer 16	39 N. E	Broadway	St.		SE	P 191	985 U	ISTRAK S SIG	NATURE LOS	rdesse



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 260088 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH CAY YEAR 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE MONTH DAY YEAR HOURS 26 BALTIMORE CITY OR COUNTY OF DEATH 76. BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY 450 SALTEMORE WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE, MARYLAND 2120 LISTAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b-COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1367 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE 0 9 dar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION prior 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES NO [ entol Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ž 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 ğ CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (this hospital) attended the deceased fram\_\_\_\_\_ saw the deceased alive an SEPICON SEB 89 35 and that in (my) ( pointain death occurred an the date and have and from the causes stated obove, (1) (aid) (ali view the bady ofter death. 22¢ DATE SIGNED 77h SIGNATU DEGREE 0 MEDICAL ATTENDING STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a BURIAL CREMATION REMOVAL 231. NAME OF CEMETERY, OR CREMATORY 23d LOCATION 23b. DATE STATE REGISTRAR 256. REGISTRAR'S SIGNATURGICAL DHMH-16 60M 1/73 (VR A 15 (4))



DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

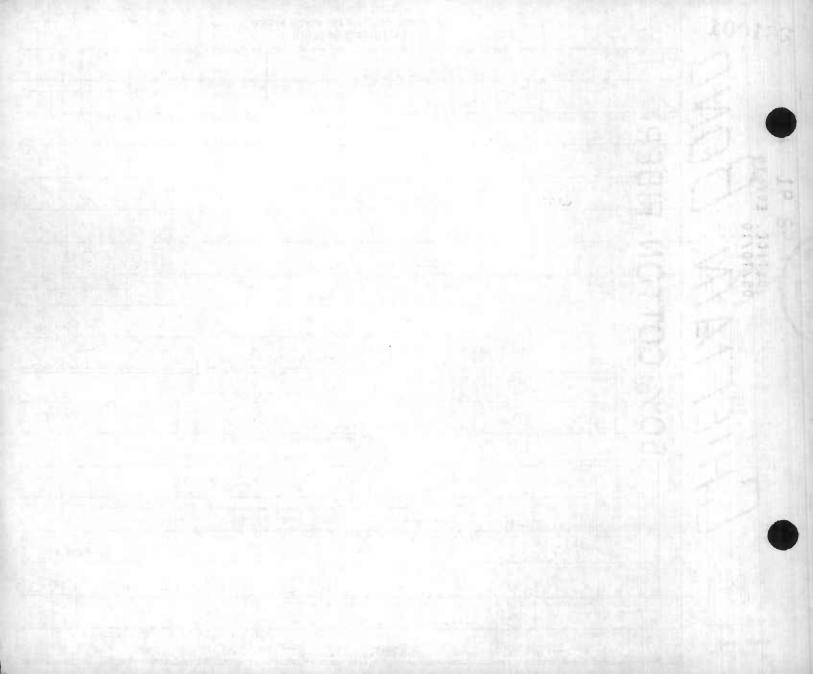
24 FUNERAL DIRECTOR

ADDRESS

Balto., Md.

CITY OF TOWN COUNTY

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



2640311	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 2	5 1 3 2
	ECEASED NAME EIRST EVE /	Y N WIDDLE	KAhN	20. DATE OF DEATH MONTH	12-85 10 AS M
3. SE	F	1 RACE	S DATE OF BIRTH  MONTH  DAY  YEAR  10 - 5 - 15	6. AGE (IN YEARS LAST BIRTHDAY)  4 9  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS BATS HOURS MIN.
1 1 15	COUNTRY) VA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	PORTE City MD.
B	AITIMORE	11. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH EACHLITY, GIVE STREET) PROMACOSI	VURSING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Waitress	Read Drug Co.
	JAL RESIDENCE (IF NURSING HOME OR STATE 131 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE  STY 136. CITY OR TOWN		13e.STREET ADDRESS / ZIP COD 4406 Bowleys	E Lane 21206
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N.	ssie Mears	last
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 217-B-	1410 Janes Da	relt/RU- drn	racoss Neg Hrace
til core physical endvell, the	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and D BY E CAUSE (a)	ice arres	F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the drawn ce by the attending bour remains or it ather traumate.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	cheimers		

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NO NO F 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

ATTENDING PHYSICIAN We ADDRESS

23s BURIAL CREMATION, REMOVAL Burial

9/17/85

23c NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus

DEGREE

234 LOCATION Dundalk, Baltimore Co., Maryland

STAFF

DIRECTOR PHYSICIAN

226. SIGNATURE

6500 York Rd 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home, Inc. Baltimore, Md.21212 SF

MEDICAL

22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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277151	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	2 1 0 3
dee be	(TYPE	CEASED NAME FIRST	MIDDLE	Calb	20. DATE OF DEATH MONTH	26 85 1010 A
age 4 mc	3. SEX	FEMALE	CAU	S. DATE OF BIRTH  MONTH  B  28  28  22  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  4. 3  YRS.  9. BALTIMORE CITY OR COUNT	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. P	(	USA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED HOME OR OTHER INSTITUTION	BACTO, (	ME 12b. KIND OF BUSINESS OR
ours after		BALTO /	NANCIS SCOTT	ver Losp	HOUSEW, FE	
(N)	13a S	TATE SOUNTY BA	13c CITY OR TOWN		130 STREET ADDRESS / ZIP COL	ST. 2/22
	)	ANDREW VAS DECEASED EVER IN U.S. ARME	FORKAL	B DERLA	A ~ MIDDLE	\$ LAST
ian and	1	(IF YES, GIVE W.	219-80-1	231 Geonge K	AIB \$335	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the death cer gned by the attending in please remove corbo burial, cremation, or ra y, or other traumatic by,		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  NOTIONS CONTRIBUTING TO D		NINAL DISEASE OR CONDITION G	IVEN IN PART 110
an. has been significants. The prior to	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \text{ NO } \)
SKIAN: TI ing physici certificate urial-transit hem 18 sh		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
NG PHY attenties as the but th and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM_ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
pital OR ATTENDI by the hospital or ERAL DIRECTOR, A editoched for use State Dept of Heal		774 SIGNATURE	of the body after death.	. and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [		our and from the couses stated  22c. DATE SIGNED  26 SOPA 8
TO HOSPITAL retained by the TO FUNERAL should be detained with the Sate IMPORTANT:			23b DATE 23c N	22. ADDRESS PRANCES SE  AME OF CEMETERY OR CREMATORY	ett ley 4940	EUSIERA APR
BP		Durial	9-28-85 5	acrenteent of 1	esus BALTO	MATATE

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ral director page 3 72 hours ofter death

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250 DATE REC'D. BY REGISTRAR'S SIGNATURE

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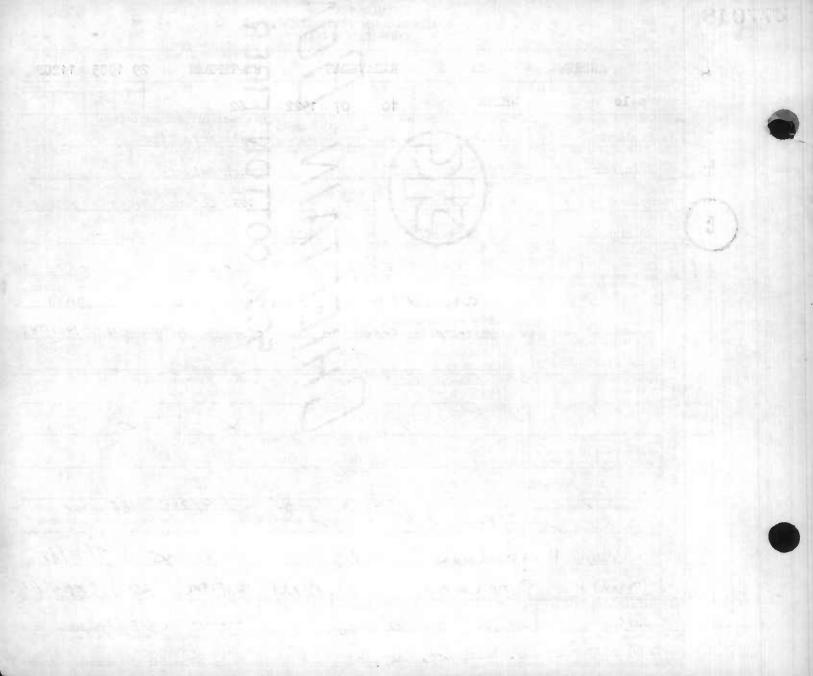
njury, ar other traumatic TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remave car should be detached for use as the burnol-transit permit. Then please remave with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If Hem 21 is BP.

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	-	-
	CEASED NAME FIRST ANDREW		D.	KAF	AST CAVEDAS	SEPTEMBER	MONTH DAY	1985	2b. HOUR 1120P M
3. SE	male	4. RACE WHIT	E	5 DATE O		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
ĺ	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  ITY OR TOWN OF DEATH	U.S		WIDOWE	D X NEVER MARRIED	Baltimore CITY	OR COUNTY O		MD DE BUSINESS OR
	Baltimore	St Ag	nes Hospi	tal	SKOTTEK ITOTTOTT	Truck Driv	OF WORKING LIFE)	INDUSTRY	7 BOSHALSSON
13a S M	AL RESIDENCE (IF NURSING HOME STATE 13b. CO aryland	OR OTHER INSTITUTION DUNTY	I3c CITY OR TOW  Baltimo	N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 4013 Belv		9	21206
14 FA	THER'S NAME PIRST Dionysios	MIDDLE	Karaveda	S	15. MOTHER'S MAIDEN NA FIRST <b>Viola</b>	ME	$F\epsilon$	engara.	
	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU 218-18-		Mrs Frances	R Karaveda		Sam	
Z	Conditions, if any, which gove rise to immediate couse to), stating the underlying couse last.	DUE TO, O	CARTIO A R AS A CONSEQUE LETALTATIC R AS A CONSEQUE	NCE OF	APORT FAIL		MEDIASTIO	vary	MATE INTERVAL ONSET AND DEATH  DAYJ  MONTY
FIFICATIO	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	NGS USED OF DEATH?
MEDICAL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMI AT WORK  220. I certify that M (this ha saw the deceased alive obave. M (we) (did) (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	P. 21e PLACE (AT HOME STI	M, MONTH DA M, OF INJURY REET, FACTORY, OFFICE F.  deceased from 19	ARM ETC)	216 HOW INJURY OCCURR 216 LOCATION SIREET  19 Of that in (my) (por) opinion of the physician of the physicia	RED (ENTER NATURE OF INJ)  CITY OR I	OWN 19 PART	COUNTY	STATE that (we) last causes stated
23a E	BURIAL, CREMATION, REMOV  SPECIFY    Burial	AL 236 DATE 10/2/8		AME OF C	emetery or crematory	23d LOCATION CITY OR TOWN Baltimo	re, Mar	ounty yland	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

NO [

RUCI

FIRST

REG. NO

	9	98	5	5:45	PM
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS.
	7-8 YRS.	MONTHS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	BALTIM	on	2	CITY	MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L			F BUSINE	SS OR
	MANAGER			AURAN	VT
-	13 STREET ADDRESS / ZIP COD	_ AP	T	406	#2121
	3601 Fond			NT	
A٨	AE MIDDLE				
E	L		NKN	OWN	
١.	ROSA KARGMAN	APT.	40	6	
T	A RAITO M	n	2	1215	

20b. IF YES, WERE FINDINGS USED

COUNTY

22c DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-92-7426			BALTO., I	APT.	406 21215
			line for (a), (b), and (c).)				84	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	Canditians, if any,	which ( (b)	RAS A CONSEQUENCE OF	RENAL	FAIL	UNE		
	gave rise to imme couse (a), stating underlying cause	the DUE TO, O	R AS A CONSEQUENCE OF					
2	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION (	GIVEN IN P	ART Iro

WISTER 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY SEPT.10,198\$ CHIZUK AMUNO (ARLINGTON) BALTIMORE

22e ADDRESS

ATTENDING

HOSPITA

CITY OR TOWN

(aur) apinian death accurred on the date and hour and from the causes stated

20a AUTOPSY

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

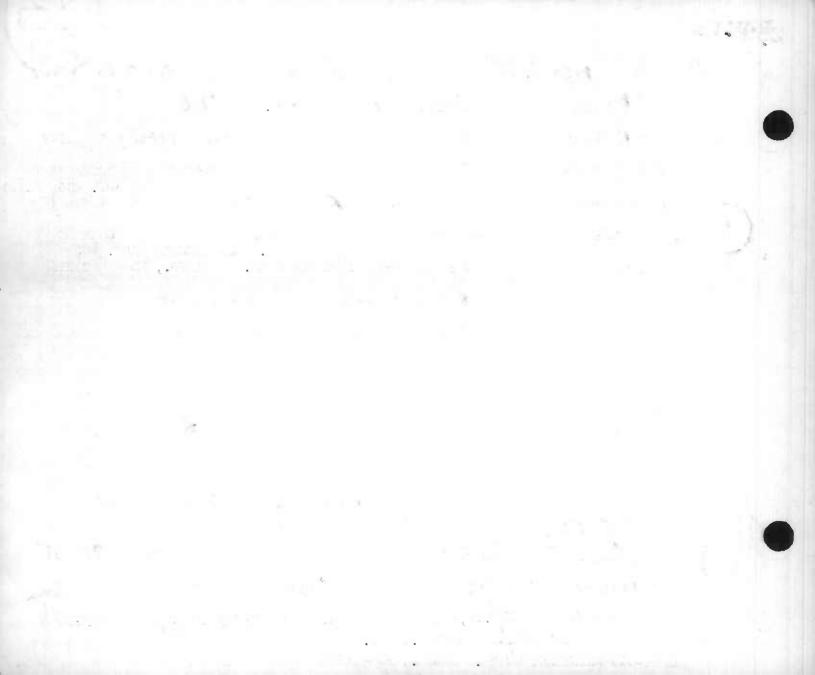
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MPORTANT

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

MARYLAND D. BY REGISTRAR 256. REGISTRAD'S SIGNATURE

6010 REISTERSTOWN RD. BALTO., MD 21215



O HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete that the time of director page 3
G PHYSICIAN. The low requires that the death certificate be recurred within the certificate of may be the other of the oth

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTR	AR				CERTII	FICATE OF DEATH	REG. N	10.		and the
I. DECEASED N	IAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	На	arold	- 1	Katz				9 11	0 85	735
3. SEX			4. RACE		5 DATE		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	
Nal	le		White		June	29, 1923	62	YRS	DATS	HOURS MIN
Pa. BIRTHPLACE	(STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
			USA		WIDOW	ED DIVORCED	Balti	more	City	M
10 CITY OR TO		ATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	112n USUAL OCCUPA	TION	12k KIND (	OF BUSINESS OF
Balti				n Memoria		pital	Mechanic	-Servi	ice Amus	sement (
13a STATE	NCE (IF NURS	136 COUN		Baltin	N lore	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3818 Wo	odlea	Avenue	21206
14 FATHER'S N	AME Try	Ţ.	MIDDLE	Katz		15. MOTHER'S MAIDEN NA Clara	ME		_ LA	ST
160 WAS DECE			MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADD	RESS		
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18 CAUS	E OF DEAT	H (Enter or	nly one couse pe	line for (o , 1b), one	d re				APPROX BETWEEN	XIMATE INTERVAL LONSET AND DEATH
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OR CONTR	R NOTIFY MEDI		AIPI	M.	19					
~	RY OCCUR			OF INJURY	- '/	211 LOCATION		-		
WHILE AT WORK	NOT WH	TILE	(AT HOME ST	REET, FACTORY OFFICE F	ARM ETC )	STREET	CITY OR I	OWN	COUNTY	STATE
			ital) attended th	ne deceased from_	9	14 10 V	5 10 9/10		10 85	that (I) (we) la
	the decease			10 19 2	25	nd that in (my) (our) opinion	death accurred on the	date and hav	us and from the	source stated
obo	re, (1) (we) (c		t) view the body	ofter death	, 0		dediti occurred dir me c	Tote ond not		
226. SIGN	ATURE					DEGREE			1	SIGNED
	Day	id.	1. Du			ATTENDING PHYSICIAN [	MEDICAL STA	CIAN	9/10	185
22d PHYS	SICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS				
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23a BURIAL, CR	REMATION,	REMOVAL			NAME OF	EMETERY OR CREMATORY	23d LOCATION			
Bur	ial		Sept.	13.1985 G	arris	on Forest Vet	CITY OR TOWN	wa Man	COUNTY	STATE
24 FUNERAL D				- J- J- V		25a DAT	TE REC'D. BY REGISTRA	R 256. REGIS	TRAR'S SIGNA	TURE Me
T.O.SHE	rd J.	Ruck	Inc. B	altimore.	Mary	rland	-n . 0	1.9.	Karida	Dundapa

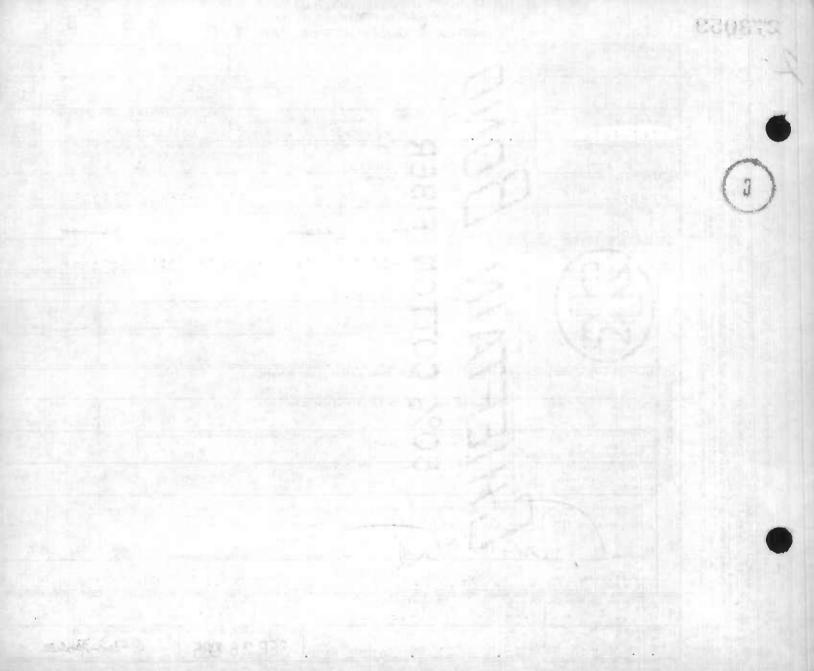
DHMH - 16 60M 7/84 (VRA 15, 4)

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/		CEASED NAME FIRST	Á	NODLE	LAST	20. DATE KNOWN DE OF ESTI-	MONTH DAY YEAR	26 HOUR
DIRECTOR DUR FILES OUR FILES ON STREET	3.58		5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE (IN YEARS IF I	Keeling Jr  JNDER I YR. IF UNDER 2  NITHS DAYS HOURS		9 24 1985 MONTH DAY YEAR	2d HOU 6:50 a
CESSARY CHERAL DIS COR YOUR PERSTON	FC	IRTHPLACE ISTATE OR DREIGN COUNTRY)	76. CITIZEN OF WHA	MAR	RRIED NEVER MARRIE	9 BALTIMORE CITY O	9 24 1985 or County OF DEATH	l a ,
AGE S	10 C	irginia HYORTOWN OF DEATH Baltimore	( IF NOT IN SUCH FACILI	AL, NURSING HOME, OR O TY, GIVE STREET ADDRESS) Orleans Stree	THER INSTITUTION	120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)		
	13a. S	AL RESIDENCE (IF IN NURSING HOME O TATE 13b COUN	ROTHER INSTITUTION, GIVE R		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2115 Orleans	21231	
PACE PACE PACE PACE PACE PACE PACE PACE	ILI	ATHERS NAME OSEPh	MIDDLE S.	Keeling Sr.	15. MOTHER'S MAIDER		LAST	
APTER D SIVE PAG TH FORM MGES 10	16n	MAS DECEASED EVER IN U.S. ARA (ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR OATES)	166. SOCIAL SECURITY NO. 223-24-1284	17 INFORMANT	ADDRESS h Smith 2115		
IN 24 HOURS IN 15M 18, G ALONG WI SST PERMIT PHYGENE, DIP MOVAL.		R CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (o). Ca	r (o), (b), and (c).)  ACONSEQUENCE OF	ing		APPROXIMATE BETWEEN ONSET	E INTERVAL T AND DEATH
ECUTED WITH S" IN PENCIL N. EXAMINE URIAL - TRAN UND MENTAL UTION, OR RE		gove rise to immediate couse (a) stating the under- lying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	A CONSEQUENCE OF	Aff oh Charles and a second			
HOULD BE EX RD "PENDINA HIF MEDICA USED AS A B OF HEALTH A RIAL CREMA	INCATION	190. DATE OF OPERATION		N FOR WHICH OPERATION		1 (6).	20 AUTOPSY?	
CERTIFICATE SH ITING THE WORD DED TO THE O TO SHOULD BE DEPARTMENT ( TO PRICK TO BUS	S P	21a EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF D	THE TIME OF IN- HOUR A.M. A		HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)	№ [Х
WEITING WARDED PAGE 3 SH STATE DEPA	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	716, PLACE OF STREET, FACTOR		OCATION STREET	CITY OR TOWN	COUNTY	STATE
ERTFICATE LD BE FOR DIRECTOR: WITH THE S WARYLAND,		27% I certify that Look charge death resulted from A Trader	to/		Popsy . Inspection Homicide .  TITLE (SPECIFY)  M. Acting Chie	Undetermined monner .	DATE SIGNED 9/24/	/85
TO MEDICAL EXECUTE THE CPACE A SHOUL TO FUNERAL I SHOUL SHOUL SHOULD SHOUL SHOULD SHOU	4		mas D. Smit	ch, M.D	_ADDRESS_111 Pe	enn St. Balt	to MD	
BP	L	URIAL, CREMATION, REMOVAL 2 SPECIFY)  UNERAL DIRECTOR	36. DATE 0/27/85	Baltimore		Baltimore EC'D. BY REGISTRAR [25b. REGI	COUNTY ST. M.C.	d.
DHMH - 17 (VR A15 ME (5))		NAME J.C. March F/I	ADDRESS	Ol F North	CED		Davidson Pander	2

CTATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

63	3.000	d	CES.	(7)
2	5	1	ड	3

		REGISTRAR		CERTIFICATE OF DEATH	REG. N	O. **
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	,,,,,	James	Kel	hoe	September	7. 1985 6/18Pm
	3 SE)	MALE	White	S DATE OF BIRTH  NOV 4 - 1902	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
-	Ja. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
5	E	SAITO. MARY/AND	U.S.A.	WIDOWED DIVORCED	Baltimo	re City MD.
8		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Maryland Gener	G HOME OR OTHER INSTITUTION ADDRESS  ral Hospital	120 USUAL OCCUPATION OF WORK FOR MOSTO	F WORKING LIFE) INDUSTRY
5	13a S	ARVIAND 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131, CITY OR TOWN	ADMISSION)	13e.STREET ADDRESS	
0	14 FA	Thomas	MIDDLE Kehoe	15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	COSGROVE
1		VAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) (IF YES, GIV	VE WAR OR DATES]	RITYNO 17 INFORMAND , 0551 MRS. Eliz	ubeth Kei	100 2413, Boulding
	NC	Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE	NCE OF Heart Failure NCE OF DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 110
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
3		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART LOR PART 2)
/	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FA	ARM. ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
		saw the deceased alive on obave of liwe (did) (XXX)  72b. SIGNATURE  WhC	had (during	DEGREE ATTENDING PHYSICIAN	. to Septem death accurred an the do	ate and hour and from the causes stated  22c DATE SIGNED
1		Yuh Chin	Huang M.D.	c/o Maryla:	nd General	Hospital
	23a B	BURIAL GEMATION, REMOVAL	236. DATE 236. N	AKLAULI CEMETERY	23d TOCATION. REITY OR TOWN	DOR MARULAND

DHMH - 16 60M 7/B4

(VRA 15, 4)

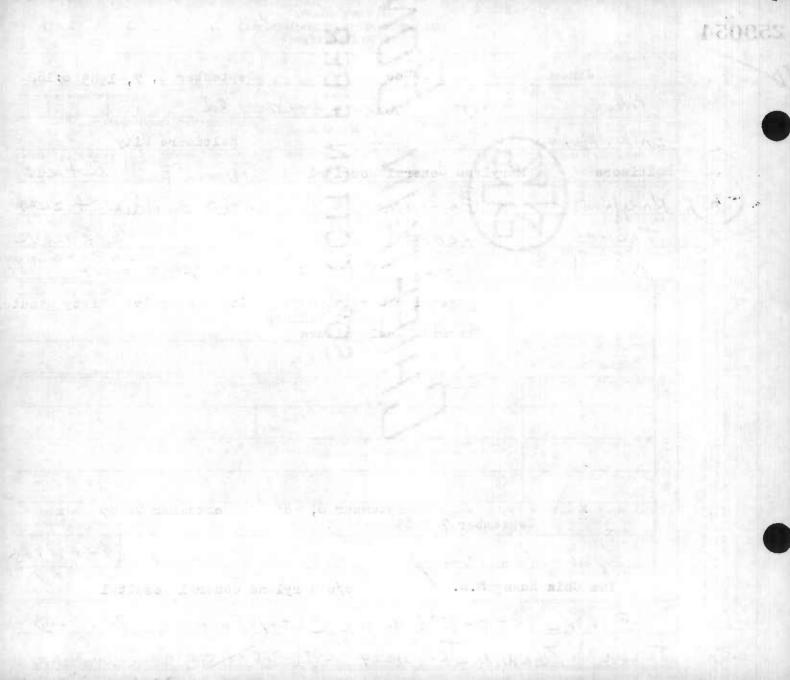
should be detached for use as the burial-transit permit. Then please remaye carbanape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the

24 FUNERAL DIRECTOR

JOSEPH A

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Gilia Davidson-Randall



							ARYLAND			
4/14	2405		FOR STATE		DEPARTMENT OF				5	8 9
AND	3105		REGISTRAR	ME	DICAL EXAMI	NER'S C		KEO.		
	14		CEASED NAME FIRST		WIDDLE		LAST	20 DATE KNOWN OF ESTI-	X MONTH DA	YEAR 26 HOUR
	S S STAR		Thoma	IS	(,).		eil	DEATH MATED	9	3 19 85 M
	PECTO STREET	3 SE)	4. RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UN		24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH D.	DAY YEAR 2d HOUR
	ON 200 PRY	3	ALS WHITE	MAY 20	1923 62	YRS.	DATS HOOKS	DEAD	9	3 1985 2:35P
	FESSARY, PLEASE NEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET	50	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED NEVER MARR	P BALTIMORE CIT	OR COUNTY O	FDEATH
	S FOR S FINANCE OF THE STATE OF	3	ARYLAND	11.5	. A.	WIDOW			e City.	MD.
	る神経過	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOA		ER INSTITUTION	120 USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 126	KIND OF BUSINESS OR INDUSTRY
	APPARA S	В	altimore City		IcMechan St			DISABLED		OK II DOSTKI
-	SEAN SEAN	USUA 130 S	L RESIDENCE (IF IN NURSING HOME OF TATE 136 COUNTY	ROTHER INSTITUTION C		SION)	13a. INSIDE CITY LIMITS?	13e STREET ADDRESS	2	1717
212	STEED OF		7R4hano		BALTINO		YES NO	301 00	schen	STREST
9	Tunks)		THER'S NAME	WIDDLE		113	15. MOTHER'S MAID	EN NAME MIDDLE		LAST
E, I	3553800	1	William	S.	KsiL		ALLS	MIDDLE	00	RS24
WO	88 0 W Z	160 V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRI	SS	
BALTIMORE, MD. 21201	AFTER ANE PA AGES AGES ISION	4	2S W.W		2161278	P84	FAMIL	4 RECORDS		
	SW SW T		18 CAUSE OF DEATH (Enter onl	y ane couse per lin	e far (o), (b), and (c).)					APPROXIMATE INTERVAL
TS N	L WG T WG T		PART I DEATH WAS CAUSED	BY: Ar	teriosclero	otic c	ardiovascu	lar disease		BETWEEN ONSET AND DEATH
0	IN 24 HO IN ITEM I ALONG SIT PERM HYGIENE, MOVAL.		IMMEDIAT		R AS A CONSEQUENCE					
ar ar	THIN IEER ANS		Canditians, if ony, which gave rise to immediate	(b)						
3	ON TRING		cause (a) stating the under-	<	R AS A CONSEQUENCE	OF				
201	UTED WITHI IN PENCIL I EXAMINER VIAL - TRANS D MENTAL I	100	lying cause last.	(6)						
DS.	EXECUTED NG. IN PRICAL EXAM. BURIAL-HAND MEI		PART 2 OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEASI	OR CONDITION GIVEN IN PA	RT 1 (g).		
RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOURD SENDING" IN PENCIL IN ITEM 16 HIFF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEATH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	Z								
200	LEAN MEET	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	RATION W	AS PERFORMED?		2	10 AUTOPSY?
DIVISION OF VITAL	WORD "PE WORD "PE E CHIEF N BE USED A BURIAL, O	E								YES NO X
OF V	CERTIFICATE SH ITING THE WOR DED TO THE CH E 3 SHOULD BE L COEPARTMENT CO	CER	210 EXTERNAL CAUSE WAS	21b. TIME C	OF INJURY	21c. HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	37
NO	SARTA OUT		UNDERLYING OR CONTRIBUTING CAUSE OF D			AK .				
/ISIG	EPA ED 1 EPA EPA PRIC	MEDICAL	714 INTURY OCCURRED	21e PLACE	OF INJURY (AT HOME.		CATION			
5	E. THIS CE RWARDE PAGE 3 STATE DI 7, 212011	\$	WHILE NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, ETC.)	3	TREET	CITY OR TOWN	COUNTY	STATE
	WER: THIS CERTIFICATE, WRITING FORWARDED TO OR: PAGE 3 SHOTE STATE DEPAIRESTATE DEPAIRESTA	10	22a I certify that I taak charge	-6 sha assessment	andred the colonial	4.4.		n , Inquiry X,		
	FORE THE STAND,		death resulted from: Natura	A The remains de		Autop			and in my opiniai	n
	EXAMI CERTIFI JUD BE DIRECT WARYL		death resulted from: Notice	777	Accident	Suicide	, Homicide	Undetermined manner	J.	
	W.Y.		ACTUAL	XV			D. Assistan	+	DATE	9/4/85
	WEDICAL CUTE THE SE 4 SHC FUNERAL TIMORE,		SIGNATURE	1	- In 1667			MEDICAL EXAMINER	SIGNED_	3/4/03
	TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO		EXAMINER'S NAME (TYPE OR PRINT)	regory R	. Kauffman,	M.D.	ADDRESS 1.1	l Penn St.	Balte	o.MD.
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, DAGE 4 SHOULD BE FORM TO FUNERAL DIEECTOR; P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	23a.B	JRIAL, CREMATION, REMOVAL 2		23c NAME OF C			23d LOCATION		
07/84	BP	B	URIAL		AT S	SA		CITY OR TOWN	COUNTY	STATE
25M	DHMH - 17	24 F	INERAL DIRECTOR	ADDRES	0 0	00		REC'D. BY REGISTRAR 256. RE	1. 1	<u></u>
	(VR A15 ME (5))	13	MANS CHAPSIC		IORISS HA		RO. SE	P 6 1995 94	his Davidson	n-Aprilance

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL GREMATION REMOVAL September Cremation 24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY Metropolitan

23d LOCATION CITY OF TOWN Alexandria

COUNTY

COUNTY

77C DATES IGNED

YES X

IF UNIDER I VE AD

Zip:

12b. KIND OF BUSINESS OR INDUSTRY Private

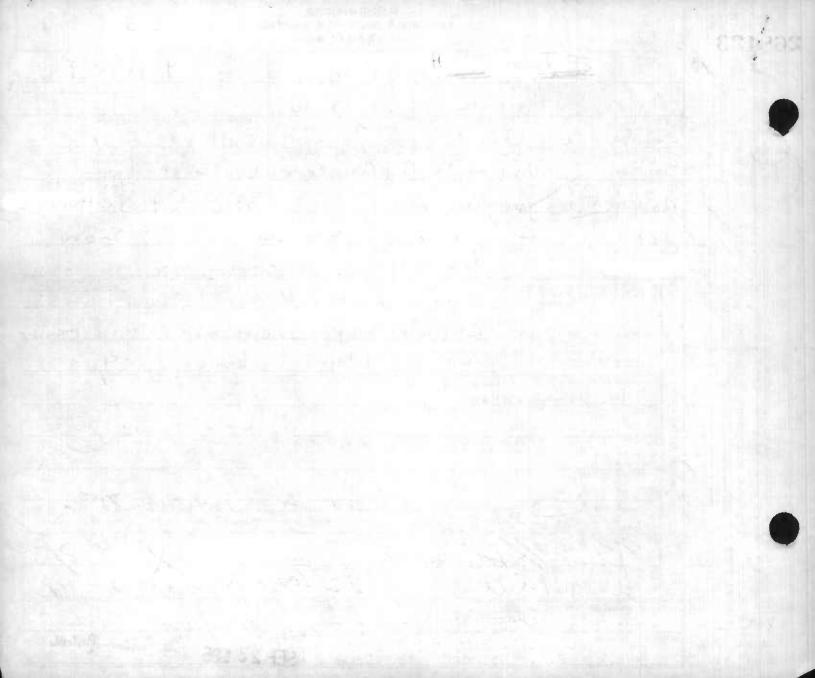
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Virginia Cremato Matereco. By REGISTRAR BIS REGISTRAR'S SIGNAUR

STATE

Robert A. Pumphrey Funeral Bethesda, Maryland



(VRA 15, 4)

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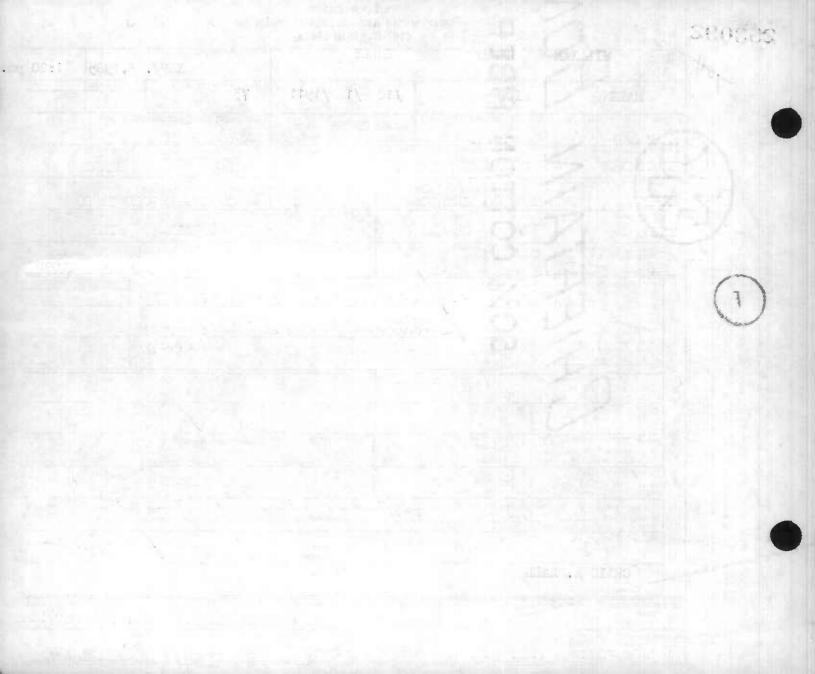
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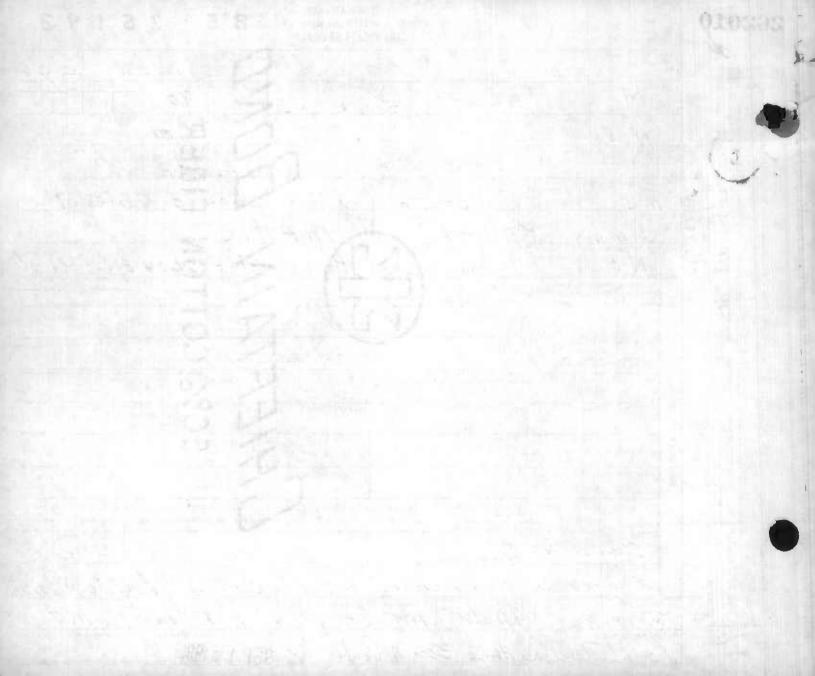
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DIVISION OF VITAL RECORDS,

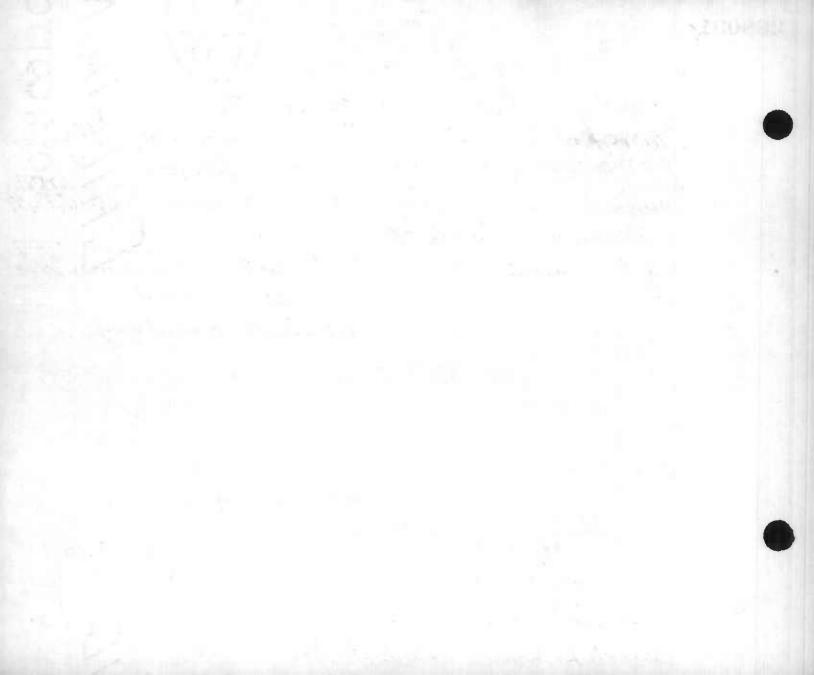
(VRA 15, 4)



NER 'S	62010	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 2 5	193
7	Je se		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
3	1481	10	ROBERT		KENAN	SEPTEMBER 12, 198	
E	101	3 5	EX M	NEGRO	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF LE MON	INDER LYEAR HUNDER 24 HRS
S.	1 153 17	10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF	DEATH MD.
MED	1		CITÝ OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKINS H	G HOME OR OTHER INSTITUTION  ADDRESS OSPITAL		12b. KIND OF BUSINESS OR INDUSTRY
TAN:	1 TER	130	UAL RESIDENCE (IF NURSING HOME C STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUNTY 130. CITY OR TOW		13e STREET ADDRESS / ZIP CODE	wer 07
REF	mplete cond 2		FATHER'S NAME FIRST  M  M  M  M  M  M  M  M  M  M  M  M  M	MEN ANG	15 MOTHER'S MAIDEN NA	AME HILE MIDDLE	LAST
NON-MED VRERECHES, 20 PATASON & MRMORE, REFER	and co	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU IIVE WAR OR DATES)	SUGG HOPE	FOSTER 2604 &	. Oliver SI
¥. ME	physicia noapers		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an SED BY: ATE CAUSE (a) <u>CARDTOPUT</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SHS &	trending ve carbo ion, or re	1	Conditions, if any, which	DUE TO, OR AS A CONSEQUE		FARCTION	
DIX.	by the o		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	CORONARY ARTE	RY DISEASE	
B. 20	signed Then pled to burial	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO STROKE	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 110
T. R. C. J.	bn. box beer permit ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		/ERE FINDINGS USED IG CAUSES OF DEATH? NO [7]
O V	CIAN: Ti physical entificate ol-transit atal Hygin	27	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D.	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2}
VISION	G PHYSI of this certhis certhis certhis cand Mer	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
NON	TENDING or use os or use os or use os or use os or use os	T	220.1 certify that (1) (this has saw the deceased alive a	pital) attended the deceased from E		death accurred on the date and hour ar	85 , that (1) (we) last
AS	the hosp the hosp I DIRECT stacked for the Dept of		22b. SIGNATURE	not view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
SED	O HOSPITA eroined by TO FUNERA should be de with the Stat MAPORTANI	7	22d. PHYSICIAN'S NAME (TYPE	ORPRINT)  LUKALO	PHYSICIAN 1	DIRECTOR PHYSICIAN	170 Mda
RELEASE	BP TO FI	230	BURIAL, CREMATION, REMOVA		NAME OF CEMESERY OR CREMATORY	23d LOCATION POPENTS	OUNTY M CHATE
RE	DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR NAME DAME DAME DAME DAME DAME DAME DAME D	ral Home 1304	M. Central DY	TE REC'D. BY REGISTRAN 256. REGISTRAN	PS SIGNATURE Jundall



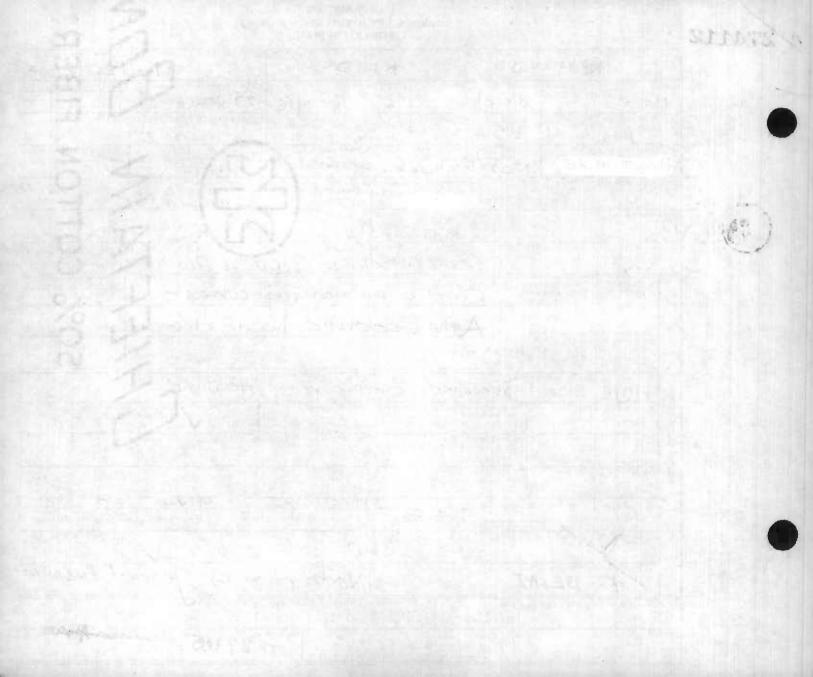
26809	1/	χ.	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		25194
within 24 hours after death. Page 4 may be letely filled in by the funeral director, page 3 d 2 should be filed within 72 hours after death	Miner must be doubled di vace.	3. SE) 10. CI	STATE REGISTRAR  EEASED NAME OR PRINT)  ALPHACE (STATE OF FOREIGN 76.0  ALTINORE CITY OF  ALTINORE CITY OF	CERTIFI  O Y B KEND  ACE  S. DATE O  MONTH  CITIZEN OF WHAT COUNTRY?  MARRIED  WIDOWEI  NAME OF HOSPITAL, NURSING HOME O  LEVICT IN SUCH FACILITY, GIVE STREET ADDRESS)  ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  133 BY ORTOWN	CATE OF DEATH  PRICK  F BIRTH  -25 - 14  DINORCED DINORCED	REG. NO  20 DATE OF DEATH  6. AGE (IN YEARS LAST BIRTH  120 USUMOCCUPATIC (TYPE OF WORK FOR NOST OF	TONTH DAY YEAR 28 HOUR AND
on ST., BALLIMORE, MA on Certificor Se second and certificor and completed and certificor and	umotic event, the medical exp	16a V	VAS DECEASED EVER IN U.S. ARMED  18 CAUSE OF DEATH (Enter only o  PART I. DEATH WAS CAUSED BY  IMMEDIATE C  Conditions, if ony, which	17 225-10-4150 ne couse per line for (a), (b), and (c.) Y:	misthelma who the ma	Kendricks y Asi	ROSS SAPT.C429 DI21WINDSCLARCE BETWEEN ONSET AND DEATH  CESC
RECORDS, 201 W. PRE  a low requires that the a  n. as been signed by the please opermit. Then please the pleas	ws any injury, ar ather trus	CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF  (c)  (DITIONS CONTRIBUTING TO DEATH BUT  196 CONDITION FOR WHICH OPERATION		200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL  ENDING PHYSICIAN. The rol or offending physicion OR After this certificate h ruses at the buriolizons if Health and Merral Hygner Health	is marked or Irem 18 shave	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHIE AT WORK AT WORK  22a. I certify that (1) (this hospital)  saw the deceased alive an	7 2 2 2 -	211 LOCATION STREET  4 that in (my) (nut) appoint	(114 OR TOW	IN ITEM IS PART LORPART 2)  N COUNTY STATE
TO HOSPITAL OR ATT retained by the hospit TO FUNERAL DIRECTO should be detroched for with the State Deat of	IMPORTANT: If frem 2	73n F	Obove, (II (we) idid) (did not) vi 27b SIGNATURE Shen Abga 72d PHYSICIAN'S NAME (TYPE OR PRI SHER AFZAL	L Hashmi  HASHMI	ATTENDING PHYSICIAN [	MEDICAL STAFI DIRECTOR PHYSICI  BERTY HEI	and 9-20-SJ
BP	4/83		SECOND REMOVAL DISPETATION REMOVED REM	9-26-85 GARIO 20552252 W. Nov	Pison Forest	E REC'D. BY REGISTRARY	Sh. REGISTRAR'S SIGNATURE



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52119	FC ST					NT OF HEAL				2	5 1	9 0	
X	RE	GISTRAR		WEI		AMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	).		
E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,		ASED NAME	FIRST		MIDDLE		LAST	15 8.	2a. DATE	KNOWN XX	X MONTH	DAY YEAR	26 HOUR
			Carey	PREM	BOOK		Key		DEATH	ESTI-	9-1	19 85	M
	3. SEX	4	RACE	S. DATE OF BIRTH	YEAR 6		UNDER I YR.	IF UNDER 24			MONTH	DAY YEAR	24 HOUR
	MAI	E	BLACK	8 10	28	57 YRS.	ONTHS DAYS	HOURS M	PRONOL DE A	D	9-1	19 85	6:54 a. M
0		HPLACE (STAT	E OR	76 CITIZEN OF WH	IAT COUNTRY	(? 8 MA	RRIED NE	VER MARRIED	9. BALTI	MORE CITY O	RCOUNTY	OF DEATH	
	NOF	RTH CA	ROLINA	U.S.A.		WIDO	OWED	DIVORCED	xx Bal	timore	City,		MD.
	10 CITY	OR TOWN OF	DEATH	11. NAME OF HOS			THER INSTITU	TION 12	FOR MOST OF WO		OF WORK 12b	OR INDUST	
		altimor		2821 1	E. Bido	lle Stre	et		TON MOST OF THE	MAINO (III L)		•	
T.	13g. STA	TE	IN NURSING HOME COUN	OR OTHER INSTITUTION, GIV	ILL CITY OF	TOWAL	134 INSIDE CI	ITY LIMITS? 13	SIREEI ADDE	ESS		m 0.1	010
3	MAI	RYLAND			BALT	IMORE	YES X	NO 🗌	2821 ADE	BID	DLE S	T. /21	213
Ţ	14. FATI	HER'S NAME		MIDDLE	LAS		15. MOTHE	R'S MAIDEN	NAME	MIDDLE		LAST	
)	II	NKNOW	J					UNKNO					
	Too WA		VER IN U.S. AR	MED FORCES?	Téb. SOCIA	SECURITY NO.	17 INFORA	MANT		ADDRESS	10		
		yes	IF TES, GIVE	WARORDATES	228-	34-96-	53 GAI	L BIS	HOP 50	1 WTN	STON	ST.	
	1	B CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a), (b), a	nd (c).)				11111		APPROXIMATI	INTERVAL
		PARTIDEA		D BY: TE CAUSE (a) Ca								BETWEEN ONSE	I AND DEATH
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CREMATION, OR REMOVI			if any, which								74.7		
			ta immediate ating the under-	DUE TO, OR	AS A CONSE	DUENCE OF							
		lying cause	last.								47		
	1	ART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH 8	DIT NOT RELATED	TO THE TERMINAL DIS	TACE OD COMPITION	M CIMEN IN BART 1	du de				
						TO THE TERMINAL DIS	CASE OF COMPILIOR	N DITEN IN FARI I	10				
		9a. DATE OF O	PERATION		esity	ICH OPERATION	WAS PERFOR	MED?				2D AUTOPSY	,
7	15.			The Conton	TOTAL OR THE	ICH OF ENATION	THAT I ENI ON	MED.					
	CERTIFICATION	TO EXTERNAL	CAUSE WAS	21b. TIME OF	INILIRY	210	HOW IN ILIPY	OCCUPPED .	ENTER NATURE OF I	A B I DV III I I TEAL 15 5	1971000000	YES 🗌	но ХХ
A.		INDERLYING	OR	HOUR A.M	MONTH D	AY YEAR	TAOCHI WOOKI	OCCURRED (	PRINCE OF I	TONT IN HEM 18 P	ART FOR PART 2		
	V .	ONTRIBUTING	CURRED CAUSE OF I		OF INJURY (	19	LOCATION						
	MEC	WHILE AT WORK	NOT WHILE IT		ORY, FARM, ETC.)	THOME, ZII.	STREET		CITY OR T	OWN	COUNT	Υ	STATE
	1	IT WORK	AT WORK				11197		11-2				
		22a I certify	thay look charg	e of the remains desi	reped abave,	held an Aut	apsy .	Inspection	, Inquir	XX and	d in my apını	an	
		death resulted	ram! Natu	ral causes X	Accident [	], Suicide [	, Hamic	ide .	Undetermined n	nanner .	7-1		
		/	Ma	-041		18	TITLE (S	PECIFY)					
		CTUAL IGNATURE_	lelle	Les IV	Le No	1/nw		istant	_MEDICAL EXA	MINER	DATE SIGNED_	9-1-8	5
-7				0.0	1		,,						
4	(1	XAMINER'S NA YPE OR PRINT	Den	nis F. Sm	ytid, M	.D.	ADDRESS_	111 P	enn St.	, Balto	o., Md	. 212	01
	23a.BUR	IAL, CREMATK	ON, REMOVAL 2	36 DATE	23c NAA	NE OF CEMETERY	OR CREMATO	ORY :	23d LOCATION		COUNTY	ST	37A
	BU	RIAL	,,	9/6/85	GARE	ISON F	OREST			OWIN			D
		IERAL DIRECTO		ADDRESS				0	'D. BY REGISTR			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM	
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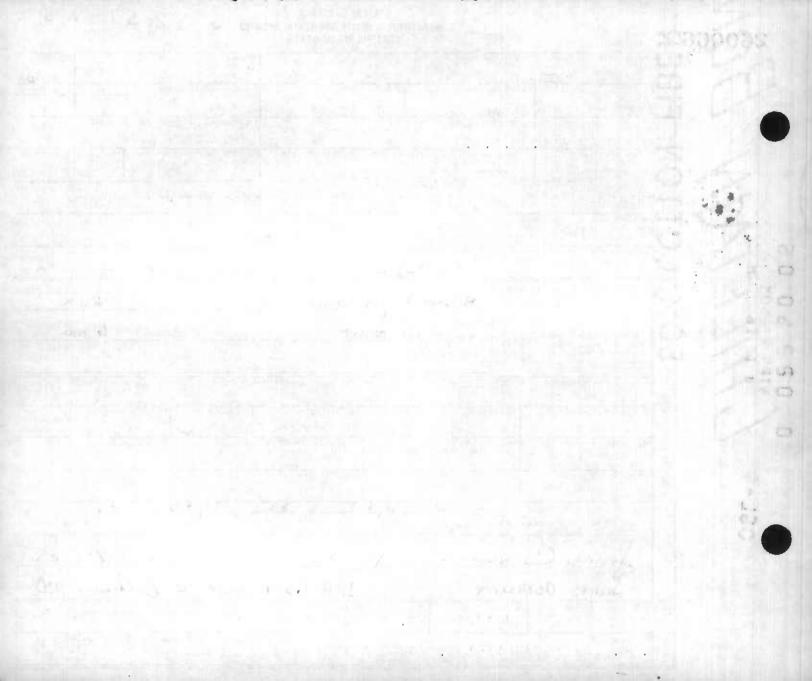
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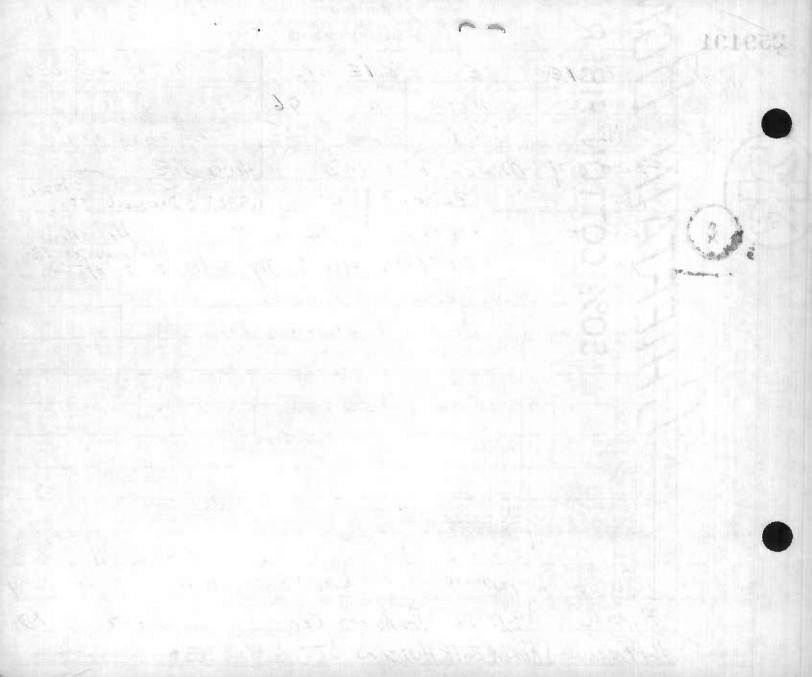


WM. NAC. MARCH F/H 1101 E ADDRNORTH AVENUE

DHMH - 16 60M 7/B4

(VRA 15, 4)

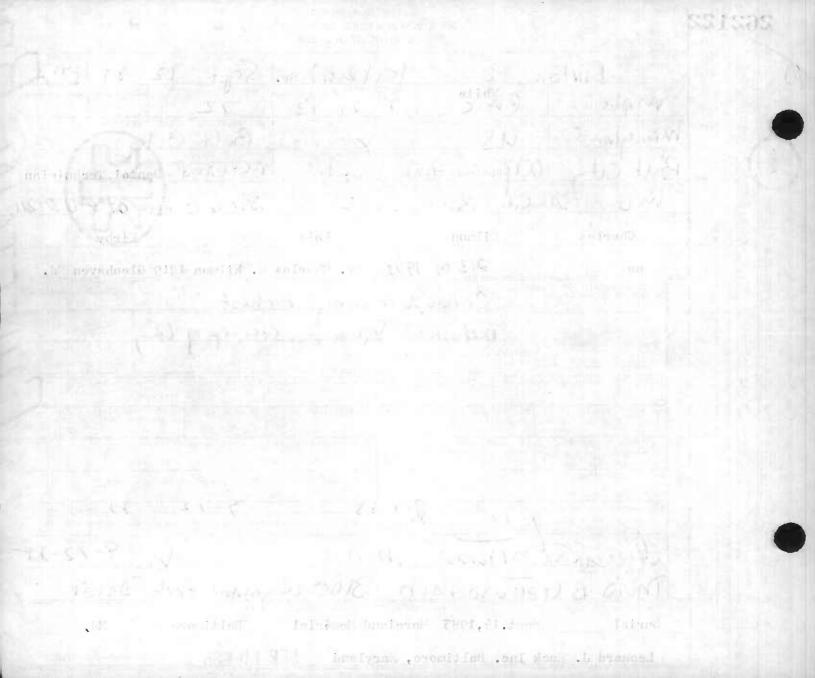




DEPARTMENT OF HEALTH AND MENTAL HYGIENE SCENTIFICATE OF DEATH

L	REGISTRAR		CERTIII	ICAIL OF DEATH	REG. N	10.		- 1
	DECEASED NAME THIS I	wibbol	1	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
L	LINTO	3 1	K	I MON ST	. Sept	12	85	845 AM
1	SEX A A A	RACE White	5. DATE (		6 AGE (IN ARS LAST BI	RTHDAY) IF U	THS DATS	IF UNDER 24 HRS HOURS MIN.
L	Wille	CAUC	7	21 13	72	YRS.		
1	E BIRTHPLACE INTATE OFFICE ON	THE CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1	MANYIMM	us	WIDOWI	DIVORCED	1 6000	Cota		MD
1	Polt Cata	NAME OF HOSPITAL, NURSII (IFMOT IN SUCH FACILITY GIVESTYEET		Hacktol	120 USUAL OCCUPAT	OF ORKING LIFE)	NDUSTRY	chnicia
	SUAL RESIDENCE IN MUNICIPAL COME OF THE STATE	A DIMEN POLITICION ON MINORINGI MICH.		136 INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	- 1 1	(0 :
1	LEATHER'S NAME	It CITY I DIDENT	ma	YES NO	10706 C	145MI	ATV	40210
1	Charles	Kilmon Kilmon		Lola	WIDDLE		Kirby	
1	WAS DECEASED EVER IN U.S. A	and make the property and the second	URITY NO.	17. INFORMANT	ADDR	ESS		
L	no	21301	1975	Mr. Charle	s W. Kilmon	1219 G1	enhav	en Rd.
Г	II. CAUSE OF DEATH Enter of	inly one couse per line far (a), (b), ar	nd ic		, ,		APPROXIA BETWEEN O	MATE INTERVAL DISET AND DEATH
П	PART L DEATH WAS CAUS	TE CAUSE IN COMOIO	Die (	nonon B	must			
П		DUE TO OR AS A CONSEQU	IENIGE OF					urta Graza
П	Conditions, if any, which	DUE TO OR AS A CONSEOU	La Cor	(BUAMANIE	COOL CA C	a ( hus		
1	gave rise to immediate	I HUCHTAIN	14	C Octobbecco	Gent On	1		
1	underlying couse last	DUE TO, OR AS A CONSEOU	IENCE OF			,		
Т		(c)						
1		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 11a	
-	THE DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
	Ĕ.					IN CERTIFYIN		OF DEATH?
+1	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	-	21c HOW INJURY OCCU	YES NO	YES L	08 8 491 21	NO [
100	00 000 000 000 000 000	- HOUR ALL HONERS D	AY YEAR	1	(ENIER MAIORE OF MA)	JAT IN TIEM TO PART I	ORTANTE)	
H	(# EITHER NOTEY MEDICAL EXAMINE		19					
	714 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
1	AT WORLD AT WORLD		_					127
н		oital) attended the deceased fram.	3-1-	F.5 19		19		that (I) (we) last
1	saw the deceased alive a abave, (1) (we) (did) (did n	at) V/w the body after death.	83	nd that in (my) (aur) apinia	n death accurred an the c	late and haur an	d from the c	causes stated
	22h SCNATURE	6-1		DEGREE			THE S	SIGNED
	Winder	Danun	W	1 D ATTENDING	MEDICAL STA		7-	12-1
1	77d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		- /		
1	David B(	M Gentlet	10.	3100 W	Juman 1	Panh	Dan	20
73	30 BURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	,,,-		
	Burial			and Memorial	Baltim		мd Утипо	STATE
24	FUNERAL DIRECTOR	Cho. 11, 1707	. VI CI		ATE REC'D. BY REGISTRAN			
	NAME	ADDRESS	no W-	0.5	P 1 6 1985	110	dson-R	and on
1	Leonard J. K	uck Inc. Baltimon	re, Ma	rytand   J	F I U IHRS	17 wow war	4001	- Through

DHMH - 16 60M 7/84 (VRA 15, 4)



## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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	Making in by the Sympol directo	that he find within 72 hours of	1	The health of property
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	P	ses !	-	ico
יפוסווייפט טא ווופ ווסאסווסו מי סוופוומוווט שוואסנוסווי.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of	should be detached for use as the burial-transit permit. Then please remove carbon papers. Per	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	IMPORTANT: If Irem 21 is marked or Hem 18 stows ony injury, or other troumotic event, the medical

DHMH - 16 60M 7/B4 (VRA 15, 4)

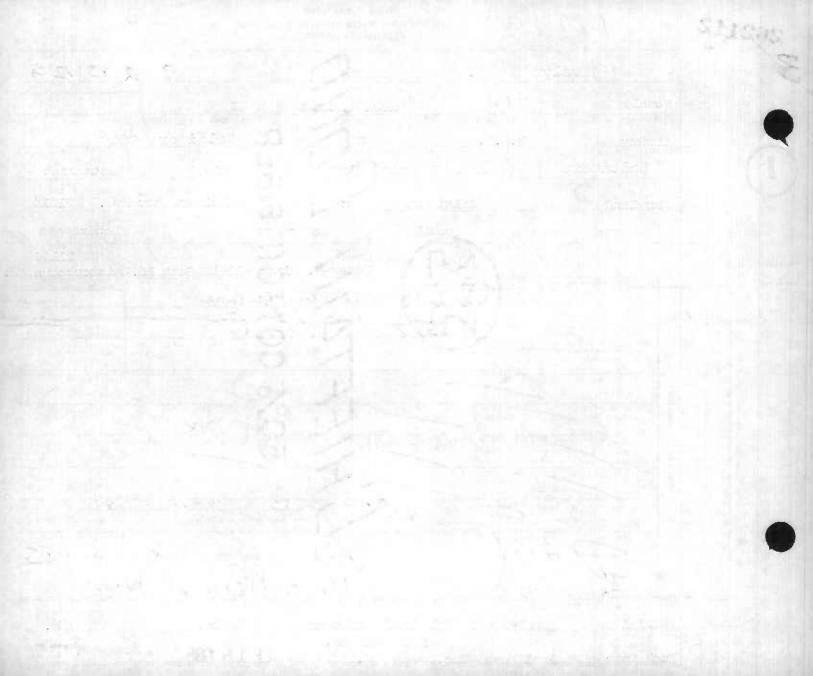
41		EASED NAME	FIRST	٨	AIDDLE	l	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	
	(TYPE	OR PRINT)	Helen		Μ.	v:	mball				9	14	85	40	3
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5		RTHPLACE (STATE	E OR FOREIGN	1/6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9 BALTIMO	KE CITT C	K COON	I T OF D	EAIR		
		aryland		U.S		WIDOWE	12.7	NORCED	Balti						MD.
Λ	10 CI1	TY OR TOWN OF	DEATH		OSPITAL, NURSIN		OR OTHER INS	NOITUTION	12a USUAL O				L KIND O	F BUSIN	ESSOR
	B	altimore			s Scott F		dical	Center	Hou	sewi	fe				
7	13a S	RESIDENCE (IF	NURSING FOME OF		GIVE RESIDENCE BEFORE		1134 INISIDE	CITY LIMITS?	13e.STREET A	ADDRESS	/ 7IP CO	DE			
Ø	115	aryland	13	imore	Dundalk		YES []	NO X	204 0		- 2		21	222	
И	_	THER'S NAME			XX		15. MOTHER	'S MAIDEN NA				-			
81	6)	FIRST		WIDDIE	Turner		Max	FIRST		WIDDLE			Frit		
9	Lén «W	Harry VAS DECEASED E	VERINIIS AR	MED FORCES?	16b SOCIAL SECU		17 INFORM	garet		ADDR	ESS		FIIL	SCII	
15	Je 14	ES. NO OR UNKNOWN		E WAR OR DATES)						_					
	No	0			217-07-3	3329	Lind	a L. Cl	Lary	Sar	ne as	Lir			
9		18 CAUSE OF D	EATH (Enter or	ly one couse per	line for (o), (b), on	dici.	1	/	11			-	BETWEEN	MATE INTE	DEATH
		TAKTI. DEAT		TE CAUSE (D)	Cas	raua	CA	rrus	mm	La			1-	1	
Н				DUE TO, OI	R AS A CONSEQUE	ENCE OF	-	1-1							
		Conditions, if		(b)_		A	-50	VD					U.	9.	
ч		gove rise to couse (o), s		DUETO	R AS A CONSEQUI	ENCE OF									
		underlying co	ouse lost.	((c)_											
		PART 2. OTHER :	SIGNIFICANT		INTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASI	E OR CON	DITION	IVEN IN	PART 1	0	
	Z O														
	ATI	190 DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	OPSY?			RE FINDIN		
6	FIG								YES	NOTE		TIFYING YES 🗀	CAUSES	OF DEA	
	CERTIFICATION	21g. ACCIDENT WAS	S UNDERLYING T	7 21b. TIME O	FINJURY	_	121c HOW II	NJURY OCCUR					OR PART 21	1101	
1		OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR			( ) ( ) ( ) ( )				,		
	MEDICAL	(IF EITHER NOTIFY		21e. PLACE (		19	211 LOCAT	ION						_	
	MEC		OT WHILE		EET, FACTORY, OFFICE F	ARM ETC )	STREE			CITY OR TO	)WN	C	OUNTY		STATE
		AT WORK	I WORK												
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			ceased olar on ve idid (did no	the body	after death	5, 01	nd that in (my	(our) opinion	death occurre	d on the d	ate and h	our ond	from the	couses st	oted
	115	226. SIGNATURE	, 7	100			DEGREE						22c. DATE		
			1/11	dave	,		MI)	PHYSICIAN	MEDICAL IRECTOR	D PHYSIC	FF CIAN [		9.	-16-	55
1		22d PHYSICIAN	S NAME THE	OF FEMALE			226 ADDRE							713	
		Jese	Ardaiz	M.D.P.A			7838	Eastern	Ave., I	Balte	., Md.	. 21	224		
	230 B	SURIAL, CREMATI				NAME OF C		CREMATORY	23d LOCA						
		SPECIFY)		All plants					CITY	OR TOWN		COU			STATE
	74 FI	Buri INERAL DIRECTO	R Duda-T	9/18/	B5 HC	DITA F	ill Ce	metery	TE REC'D. BY R	e Maj					ID
	.,.0	NAME			ADDRESS			CEI	D 1 Q 10	DOR	riends &	FRENCH L	27 Lange	STELL ST	Lies .
		792	2 Wise	Avenue,	Dundalk,	, MD	21222	OF	TOR	000					

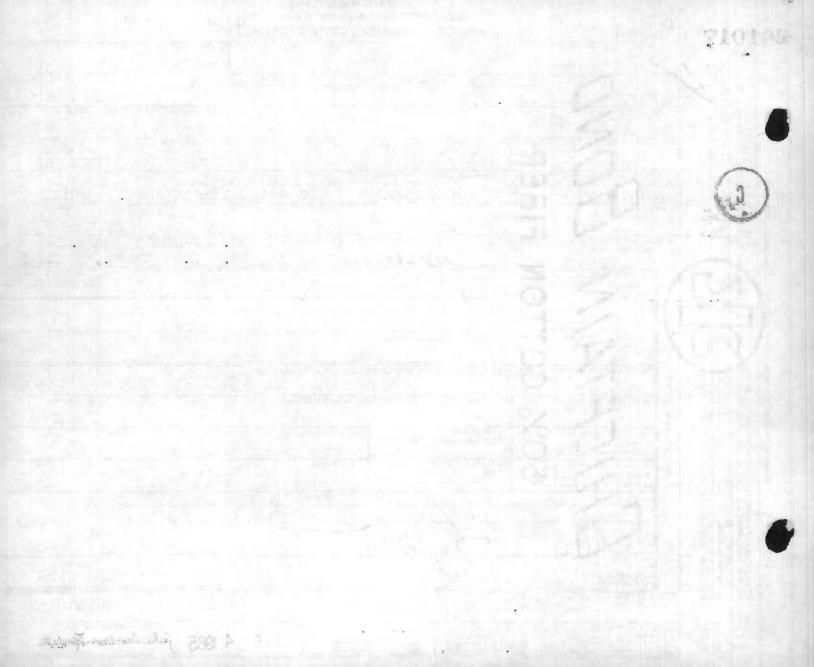
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1	may	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely littled in the treatment of the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 fand 2 should be filled within 17 hours after them with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.		3 SEX	(
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	O MOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a eloined by the haspital or aftending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely fulled in should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 small be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical expaniner must, be applied at once.		Ρ.
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	TO HOSPITAL OK ATTENDING PHYSICIAN: The eroined by the hospital or ottending physician.	hed ept.	Hem		22b S
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262112	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENEO 5 2	5 2 0 2
/		CEASED NAME FIRST	WIDDLE	į.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 5		Evely	n M.	Ki	.mos	9	12 85 /220 AM
and and	3 SE.	X	4. RACE	5. DATE C	P. I. D. W. L	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
necto necto	F€	emale	White		h 4, 1902	83 YF	
1 TO 10 TO 1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED		
1 1 7/		Irkey	U.S.A.	WIDOWE		Baltimore	
med w	10 C	Baltimore	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	Hospital	(1YPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OF INDUSTRY  Restaurant
dash dash	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDEN		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP C	
mpletely fond 2 s	14 F7	THER'S NAME Diamond	Ma	andikos	IS MOTHER'S MAIDENN  Cassand		Hondrapapa
Poges I			THE WIAR OR DATES	-05-2602	17 INFORMANT	ADDRESS	21136 Rd.Reisterstown,
law requires that the of seen signed by the of sermit. Then please remote prior to buriol, cremot sany injury, or other tree.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse fol, storing the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CO	ING TO DEATH BUT		MINAL DISEASE OR CONDITION  200 AUTOPSY?  206. IN CE	GIVEN IN PART 1:0  FYES, WERE FINDINGS USED RTIFFING CAUSES OF DEATH?
hysicion. Ficote ho Ficote	ERTIF	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		1216 HOW IN JURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
ng phys		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MON	TH DAY YEAR		THE TENTER ANDREOF MAJOR! IN THE	TID PART I QUEPART 2)
er this of the burner ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOWHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR)	Y, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or RECTOR Aft hed for use o ppt. of Health tem 21 is mor		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did it	6 11	h. 19 8 5. or		to 9-11	hour and from the couses stated
0 0 00 -		226 SIGNATURE	ford		DEGREE ALTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAD	224. DATE SIGNED  9-11-85
retoined by the retoined by the TO FUNERAL Is should be detoo with the Stote IMPORTANT. If		Janine (	5002		Union	Memorral	Hosp
	23o E	BURIAL, CREMATION, REMOVA	L 236 DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	B	urial	9-14-85	Greek	Orthodox	Balto.	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME  Ck Towson Fune		TOWSON M	rk Ra.	EP 16 1985 Such	a Davidson-Hondan



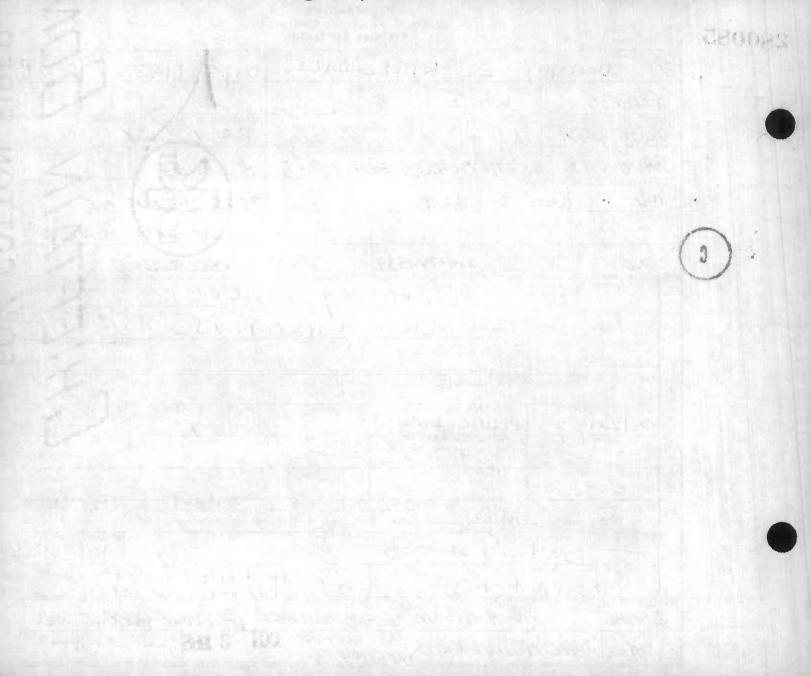


103	1	FOR - STATE REGISTRAR	DEP		ICATE OF DEATH	REG. N	0.	2 44	0
-1/		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
15		RIC	CHARD BRITON		KING		9	15 85	9:10 A
P	1 SE		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
		MALE	WHI	8	10 05	80	YRS.		
DI	711.8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D MEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
3)		Maryland	U.S.A.	WIDOWI		Baltimor			WE
EIN	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	120 USUAL OCCUPATE			OF BUSINESS OR
10		Baltimore	St. Agnes Ho	ospital		Desk-Clerk			otel
E 100	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE I		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	ÞΕ	
	M	Maryland -	Baltin	nore	YES X NO	3714 Clare			21229
	14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA				,
DO	E	avid	T. King		Susanna	Model		Fu	hrman
8 /		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	ESS		
medica		NO NO	214-01	-9205	Rosemary Cor	melius 4050	Wilk	ens Ave	2122
the the		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b	ond (c)		)	11111		IMATE INTERVAL
vent	13	PART I. DEATH WAS CAU	ISED BY: LATE CAUSE (a) CAY	dr'o Vac	server a	west.			VIANE I HIND DENIM
ric e		IMMEO	IATE CAOSE (G)			A-L-A-			
o La		Canditians, if any, which	DUE TO, OR AS A CONS	SIS					
1		gove rise to immediate couse (a), stating the	OUT TO OR AS A SOME	TOUTNET OF		0	,		
otho		underlying couse last.	DUE TO, OR AS A CONS	TEN	nonomyeloc	cytic lent	Cemis	9	
y. or		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING						a ·
i de	NO.	Whom's R	end failure a	OHF	3) Dussimi	natul Intrava	ec ula	Gagul	atton
Nu m	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO		20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
Smo	Ē					YES NO		IFYING CAUSES ES	NO
s	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
1	¥	OR CONTRIBUTING CAUSE OF		DAY YEAR	+				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION	CITY OR TO		COUNTY	STATE
	E	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE FARM ETC )	ZIKEEI	CITTORIO	WN	COGNIT	STATE
			spital) attended the deceased fr	am 9110	1 1985	10 9115	1	19_85	that (1) (we) last
		saw the deceased alive	on 91151	19 85 , 01	nd that in (my) (our) apinion	death occurred an the do	ate and ha	ur and fram the	causes stated
		22h SIGNATURE O	nat) view the bady after death.		DEGREE			22c DATE	SIGNED
=		W.C	nouk		MD ATTENDING PHYSICIAN	MEDICAL STAI	FF TANK MA	0/15	/05
		224 PHYSICIAN'S NAME (TYP	E OR PRINT)		1220 ADDRESS			19/15	/85
IMPORTANT		MOTHAMED	ELNOUR		900 GATON A	re, up 2/2	29		
<u> </u>	23a.	BURIAL, CREMATION, REMOV.	• -	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		-	
		(SPECIFY) Burial			Park Cemetery	Raltimor		COUNTY	STATE
7.00	24 F	UNERAL DIRECTOR		21	229 250. DAI	SEP B RESIDE	Th REGIS	TRAR'S SIGNAT	Marylan
7/84	Н	ubbard Funeral	Home, Inc. 410				Oun	an interior	-Northeast
4)	4.1	ward runcial	110116 1116 416	, MITIVE	IID AVE.				

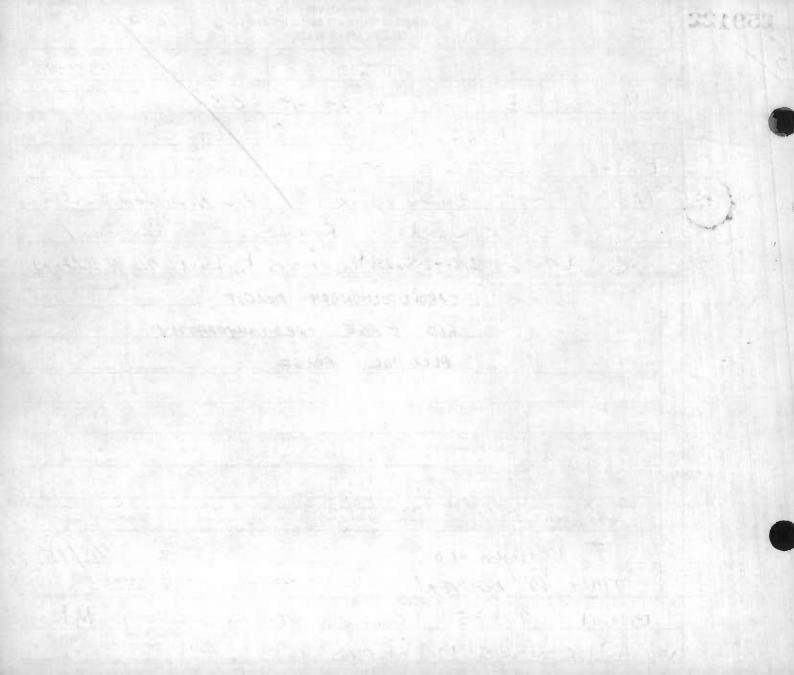
	1	STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENES 5	14
7007		CEASED NAME FIRST	WIDDIE	mark to	LAST	20 DATE OF DEATH	ONTH DAY YEAR 26 HOUR
40	LIANE	Lewis	Anthony Kin	ngsborou	çh .	September	28 1985
P - G	3 SE	(	4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HR
0		Male	White	Se	pt. 28 1985		YRS 3 /
2 South		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	INITPY2 8	D NEVER MARRIED	9 BALTIMORE CITY OR	
5 5	1	Maryland	USA	WIDOW		Baltimor	ce City
1 21-	10 CI	TY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G			120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF NEW BORK	WORKING LIFE) INDUSTRY
2 2	USU.	AL RESIDENCE (IF NURSING HOME IN	OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION			23.225
RI	130. 5	MD IN COL		PIMORE	YES NO	13e.STREET ADDRESS /	ZIP CODE 21225 4138 DUANE AVE
3 1	14. E/	THER'S NAME	DAL.	LIPORE	15 MOTHER'S MAIDEN NAM		4110 DUARE AVE
201		FIRST		AST	FIRST	MIDDLE	Trino maile a mana cale
2		Robert VAS DECEASED EVER IN U.S. AF	Rhu	AL SECURITY NO.	Karen 17 INFORMANT	Lynn	Kingsborough
8 47		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	AL SECORITI NO.	I IVIORMANI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 5-		INO					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
eoir renov ol, crematio or other trou		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF	s a ma	Sara	7
Then pil to thurn, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
tol Hygiene priem 18 shows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
trem 18 sho		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	ITH DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
o × o	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TOW	N COUNTY STATE
h and	E	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	SINCE	(11, 0.1.01)	
morth	13	22a I certify that (I) (this hosp	pital) attended the deceases	from	, 19.		, 19, that (I) (we) I
or u	38	sow the deceased alive or	n		and that in (my) (our) opinion o	death accurred on the dat	e and hour and from the couses stated
	13	22b. SIGNATURE	ot) view the body ofter deot	h.	DEGREE		22E. DATE SIGNED
em em		hl.	rald	med:	ATTENDING PHYSICIAN	MEDICAL STAFF	
te Dept.		22d. PHYSICIAN'S NAME TTYPE		ρ.	22e ADDRESS	J DIRECTOR D THISICIA	
wid be detached in the State Dept.		SACPA					
RTANT:	23a E	SURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
should be detached with the State Dept.				23¢. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

-10	ESCR (S medical new)	1 three co		Lough	elve I	3,1
8		digt is . legit		n- Life u	1.0	
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	,	FOR		DEPARTA		LTH AND MENT	AL HYGIE	NES 5	2 :	3 2	0 0		
30085	- STATE REGISTRAR			CERTIFICATE OF DEATH				REG. NO.					
		EASEL AME FIRST		MIDDLE	LAS		2	O DATE OF DEATH	MONTH D	AY YEAR	2b HOUR		
enorth be	11111	Dolso	THY E	1<1	RKE	MDITLL	-	09/30	198	5	G-30 1		
G A	1.5EX	Carried.	4 RACE	1	S. DATE OF	BIRTH	6	AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 21 HRS		
ge 4	1	EMALE	Wh	1175	OCT	16 19	912	72	YRS	5415	INCOMS IMPA		
1 21	76 BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRI	IED 9	BALTIMORE CITY	R COUNTY	OF DEATH			
10 10 TO	B	ALTO, MD.	U.S.	H.	WIDOWED	DIVORC	ED 🗌	BALTO	017	7	MD.		
49	0 CI	SALTO . CITY	AME OF I	HOSPITAL, NURSIN	G HOME OR	1	PT.	26 USUAL OCCUPAT (TYPE DE WORK FOR MOST)	OF WORKING LIFE		OF BUSINESS OR		
24 hour	SUA He S	L RESIDENCE (IF NO.	DUNTY CP.	GIVE RESIDENCE BEFORE	N 11	BI INSIDE CITY LIA	MITS?	STREET ADDRESS		Jalus	723		
of the same	-	THER'S NAME	10.00.	DALIO.	1	YES NO	DEN NAME	3025 CH	162NU	7 AUE			
Par Maria	1	FIRS1	WIDDIE	LAST		JUL	IA	EL)ZI	ABETH	JOH.	NSON		
		(AS DECEASED EVER IN U.S	ARMED FORCES?	214-74-		INFORMANT F	AMIL	LY RECO	RDS		BOOM STATE		
physic npap moval		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one cause per USED BY. DIATE CAUSE (o)		RAT	ory	FA	IURE		APPROX BETWEEN	IMATÉ INTERVAI ONSET AND DEATH		
h cer arbo ar re				R AS A CONSEQUE	NCE OF .	11:0		1	0	1114	ONTH		
dept ove ove c ition,		Conditions, if any, which	( (b)_	アニ	VIC	- 4	omi	15051	7	V			
by the asserem		gave rise to immediate cause (a), stating the underlying cause last		r as a conseque	NCE OF						CHI		
quires t signed then ple to burio	NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO TI	HE TERMIN	IAL DISEASE OR CON	IDITION GIVE	N IN PART 1:	0		
ony in T	ATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH				200 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED		
on. Poer	ERTIFIC	08/22/85	PELL	lic Lip	omA-	TO SIS		YES NO	YES	ING CAUSES	NO DEATH?		
physici physici physici physici physici tal Hygi m 18 sh	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA		11c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	RY IN ITEM 18 PA	RT   OR PART 2)			
ding ding Men Men	MEDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY		II LOCATION		ÇITY OR TO		COUNTY	STATE		
G poster the street ond rked	×	WHILE AT WORK	(AT HOME STE	REEL FACTORY OFFICE F	ARM ETC)	STREET		A SECOND			STATE		
April Africa		220 1 certify that (I) (this h	ospital) attended th	e deceased from_		19.	85	10 09 30	-		that (I) (we) last		
TTEN pritol TOR for u		saw the deceased alive abave, (1) (we) (did) (did		after death.	55 and	that in (my) (aur)	opinian de	ath accurred an the d	ote and have	and from the	causes stated 🛰		
OK A has ched ched Dept		226 SIGNATURE	10		DE	GREE				22c. DATE			
Y the y the deto deto		0	Mis	1	42			MEDICAL STA		09	13018		
HOSPI med b vid be vithe Si ORTAN		22d PHYSICIAN'S NAME (T	1	. ~		2e ADDRESS	RAS	CHAMES	hote	かりい			
etained by TO FUNER should be d with the Sta		ArJA		41)		73 A	4	imore,	40	2121			
BP	.1.	URIAL, CREMATION, REMO	10-4	-1985 m	ORELA	NETERY OR CREM.	PARK	PAREVI	LE B	210.00	2. MD		
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR	LOF ME	EMOTERES	8800	HARFORD	Se. D	F D. 83 1985	25b. REGISTR	AR'S SIGNAT	Handale		



259122	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENES 5 2	5 2 0 /			
1/24		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
deod		FRANK		KIRKLAND	9	10 85 10:47P <sub>M</sub>			
ge 4	3 SE	M .	A RACE	5. DATE OF BIRTH  MONTH, DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
neral dir		RTHPLACE (STATE OR FOREIGN Va.	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED K	BALTIMORE CITY OR COUNT	Y OF DEATH			
s ofter d	3 10 0	Balto	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET VAMC, Baltimore	ADDRESS) Maryland 21218	120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY			
24 hour		AL RESIDENCE (IF NURSING HOME OF ATE 136 COU		EADMISSION) //N 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP COD	EN ST. 21229			
ed within	S ILE	ATHER'S NAME	D. Kirkland	15 MOTHER'S MAIDEN NA	MIDDLE (	aston			
on and con and con medical		VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECTIONS WAR OF DAILS! 218-42-	17. INFORMANT 8623 MKS. Frances	ADDRESS Kirkland 4	16 N. Hilton			
physicial physic		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), or ED BY: (TE CAUSE (a) CARD		CREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
death ce		Conditions, if any, which	DUE TO, OR AS A CONSEOU		in MY OPATHY				
that the de ed by the off please remay rial, crematic		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU						
equires to signed Then ple to burio njury, or	NO NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART TO			
on.  permit  ene prior  any ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)			
CIAN TI physicia prificate ol-fronsit and Hygiem 18 sh		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TO	PART ( OR PART 2)			
G PHYSK ottending er this cer is the burio and Ment	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR LOWN	COUNTY STATE			
TENDIN Dital or TOR Aft TOR Aft TOR Aft TOR Aft		220 I certify that XI (this hosp	oitol) attended the deceased from 9/10/	8/29/85 19 85 ond that in (X) (our) opinion	to 9/10 death occurred on the date and ha	thot XX (we) lost out and from the causes stated			
TAL OK A the hosp tal DIREC deteched to one Dept.		226 SIGNATURE	Structor M D	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE SIGNED			
HOSPII bined b FUNE buld be th the St		22d PHYSICIAN'S NAME THOU	VI NGUYEN	22e ADDRESS	more, Maryland	21218			
BP	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY Md. STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 5	UNERAL DIRECTOR ASIA MORTO	NISONS 1701	haurens 250 BA	P 1 3 1985	STRAR'S SIGNATURE			



230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave

- STATE

REGISTRAR

REG NO

2h HOUR 0605a IF UNDER 24 HRS

-29-85

17h, KIND OF BUSINESS OR INDUSTRY

21090

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Hill

neumonia

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY

22c. DATE SIGNED

YES ID

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY Loudon Park Maus

Baltimore 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

COUNTY Maryland

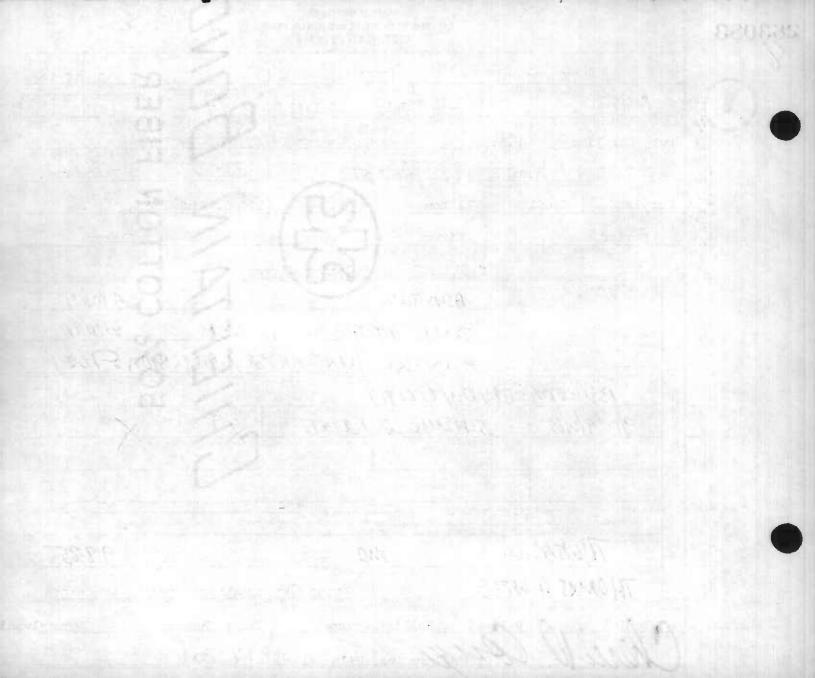
21229

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Cray Ave. Wilm DE

runa Daydson-Handale

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

Baltimore

FIRST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENIO

REGISTRAR			CERTIFICAT	REG. NO					
DECEASED NAME	Rosalie	Magdalene	Klec;	3		September 29,	1985	26 HOU 2:	OO A
3 SEX	139-1	4 RACE	5. DATE OF BIR	TH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
Female		White	M81H	°30	74	71 YRS	MONTHS DAYS	HOURS	MIN.
La. BIRTHPLACE (STA	,	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MA	ARRIED   DRCED	Baltimore (i	TY OF DEATH		AA

U.S.A. Maruiland

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION South Macon Street 21224

YES XX

126 KIND OF BUSINESS OR (TYPE RWORK FOR MOS) OF WORKING LIFE Hutzler Bros.

South Macon St. 21224

MIDDLE

ADDRESS

Baltimore 14 FATHER'S NAME MIDDLE

Miller

Anna 17 INFORMANT

15 MOTHER'S MAIDEN NAME

Manassas Laurence Klecz 12318 Running Deer Rd. 221

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

212-10-4092 18 CAUSE OF DEATH Enter only one couse per line for jail, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

marks DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

206. IF YES, WERE FINDINGS USED 1303 IN CERTIFYING CAUSES OF DEATH

21a ACCIDENT WAS UNDERLYING

LE FITHER NOTIFY MEDICAL EXAMINER

Canditions, if any, which gove rise to immediate cause (a), stating the

underlying cause

CERTIFICATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19

NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

3ecc se

YES NO [

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended\_the deceased from

III LOCATION

CITY OR TOWN COUNTY STATE

226. SIGNATURE

saw the deceased alive on abave (1) (wested a kidd no), view the body after death

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN [

22c DATE SIGNED

Joseph D'Antonio, Jr., M.D.

7401 Osler Drive - St. 210 21204

23a BURIAL CREMATION, REMOVAL 23b. DATE Burial

Arlington Nationa

DEGREE

24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

BP

MPORTANT

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\\\22.07.03e		·· \^ \	Lemmanar vib c			One spee	
e. e. C. (	nilan n	( ). = -1.	n vedianei	d char	por nen	Partiel	
			. 7 5	1528 (Sate	2 22	rele ). Reble	10

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B2 (VRA 15, 4)

Isrec Buria] George J. Gonce 4001 Ritchies Hgwy Balto Md

K. DHARMASENA, M.D.

23a. BURIAL CREMATION, REMOVAL 23b. DATE

Glen Haven Mem Park 250. DAJE-REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE his Daydoon Hundell

#8-16th Avenue - Baltimore, Maryland 21225

Glen Burnie

23d LOCATION

YES [

COUNTY

22c DATE SIGNED

9-27-85

2b. HOUR

12b. KIND OF BUSINESS OR

Md. 21225 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Construction

IF UNDER 1 YEAR

INDUSTRY

10:30AM

21225

STATE

IF LINDER 24 MPS

25	6082		/1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	2 .	5 2	1 2
19	y be death	1		EASED NAME ORPRINT)	FIRST		MIDDLE	K	lus	9	MONTH DA	-85	26 HOUR 11:30 PM
	ector, po		3. SEX	Hell		I RACE	J	July	31, 1922 YEAR	6 AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	IF UNDER 24 HRS
•	deoth. Po	35		Pa.		USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D DIVORCED	Baltimore CITY O	City		ME
102	ofter of the filled with	40	1	Baltimore	2	St. 1	gnes Hosp	ital ital	r other institution	120 USUAL OCCUPATION OF COMPANY OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE PROPER	OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
AND 21	n 24 hou	36	Ma S		136 COUNT Balt	TY	Balto.		13d INSIDE CITY LIMITS?		/ ZIP CODE Manon	Rd. 2	1207
MARYL	and with	12	36	THER'S NAME FIRST alter		MODLE	Klus		15 MOTHER'S MAIDEN N. Anna	MIDDLE		Federk 1AS	л
BALTIMORE, MARYLAND 2	be execu	2		VAS DECEASED EVER LES, HO OR UNKNOWN)		MED FORCES?	185-16-		Margaret Kl	Lus 2103 Ka			
201 W. PRESTON ST., B.	that the death certifical by the attending physics remove carbon papals, cremation, or remove rather traumotic event,			PART I. DEATH W  Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate g the	DUE TO, (b)	Coudia DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF	Aden	o CA		dt i weere	imaté intérval QNSET AND DÉATH
RDS, 20	equires n signed Then ple To burid		NO	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	minal disease or con	DITION GIVE	N IN PART 1	0
AL RECO	the low rion.  the low rion.  the low rion.  the low rion.	7	CERTIFICATION	19a DATE OF OPERAT	ION	19h CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOT	IN CERTIFY YES	WERE FINDING CAUSES	
DIVISION OF VITAL RECORDS,	PHYSKCIAN: 1 ending physic this certificate e burial-trons d Mental Hyg d or Hem 18 st	9	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CHETHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEAT (ALEXAMINER)	HOUR A	OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR 19	21f LOCATION STREET	RRED (ENTER NATURE OF INJU		COUNTY	STATE
DIVIS	TENDING into or offer TOR. After or use as th of Health on	4	4	22a.l certify that (I) sow the decease	(this hospite		19	9 -	d that in (my) (our) opinion	to , to and eath occurred on the de	ote and hour		that (It (we) last
	ALORAT y the hosp tal DIRECT detached for ote Dept. o			obove, (I) (we) (c 22b. SIGNATURE	fle	all view the bod	y ofter deoth.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN (	22c DATE	SIGNED S
	TO HOSPIT etained by TO FUNER should be a with the Sit	1		22d. PHYSICIAN'S NA	DEE		ARG		S). Agh	es Horp. 1	Ballo	M)	
	-		230 B	URIAL CREMATION.	REMOVAL	123b. DATE	1 23c F	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Weber Funeral Home 5311 Edmondson Ave.

23b. DATE

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION Sykesville

> STATE COUNTY Md.

Crest Lawn Memorial 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

230 NAME OF CEMETERY OR CREMATORY

12 and 12

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

GIENE	Ö	2	

		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	0.			ate of the	
H		CEASED NAME	FIRST	TW.	MIDDLE		AST		20. DATE O		MONTH	DAY	YEAR	26 HOUR	-
	,,,,,	0.11.11.1	MAURIC	CE	E.	]	KNIGHT	382	100		9	30	85	11:00A	1
	3 SEX	(	E-12, 97	4 RACE		5 DATE C			6. AGE IN	YEARS LAST BIR	THOAY)		ER 1 YEAR	IF UNDER 24 HRS	
		MALE		W	HITE	MONTH 5	21	16	69		YRS	MONTHS	DAYS	HOURS MIN.	
9		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	APPIED []	9 BALTIMORE CITY OR COUNTY OF DEATH						-
1		aryland		U.S.A		WIDOWE		ORCED	Ва	ltimo:	re Ci	ty		JM	).
6	10 CF	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN	TUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KISEY					F BUSINESS OR	-		
Ķ	Ва	ltimore		3201 Georgetown Road						Pore	r		lumir		
Ĺ	USUA 130 S	AL RESIDENCE (IF)	NURSING HOME OF		130 CITY OR TOW		1 13d INSIDE CI	TY LIMITS?	13. STREET	ADDRESS	/ 71P COI			12.0011	-
P	Ma	aryland			Baltimo			NO 🗌		Geor			oad	21230	
	14 FA	THER'S NAME		WIDOLE	LAST		15. MOTHER'S	MAIDEN NAA		WIDDLE			LAST		
3	100	Willia		MIDDEL	Knigh	t.	200	aude		WIDDE			4	eridath	
		VAS DECEASED EN	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAN			ADDRI	ESS	-40	-	2000	٦
		YES	WW		216-01-	7167	Mildre	d J. Kr	night	3201	Georg	retov	vn Ro	1. 21230	)
		18 CAUSE OF DE			r line lor tot for In	dycil			1	10	0	1	APPROXIA	MATE INTERVAL	=
		PART I. DEAT	H WAS CAUSE	TE CAUSE (a)	16	ence	noru	ao	TV	u	120	le	/	Jean	_
				DUE TO, C	R AS A CONSEQUE	NCE OF	2	_ /					1	1	
		Conditions, if		(b)_		Co	aco						0		
	12	gave rise to cause (a), st	ating the	DUE TO, C	R AS A CONSEQUE	NCE OF									
	60	underlying co	use lost	( (c)											
	z	PART 2 OTHER S	IGNIFICANT (	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	SE OR CON	DITION G	IVEN IN	PART 10		
	CERTIFICATION		2.1101	Tial Couls		0000.710			T	0.000					
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		OR CONTRIBUTING	-	110110	.M. MONTH DA	YEAR	21¢ HOW INJ	UKY OCCURR	ED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PARTION	(PART 2)		
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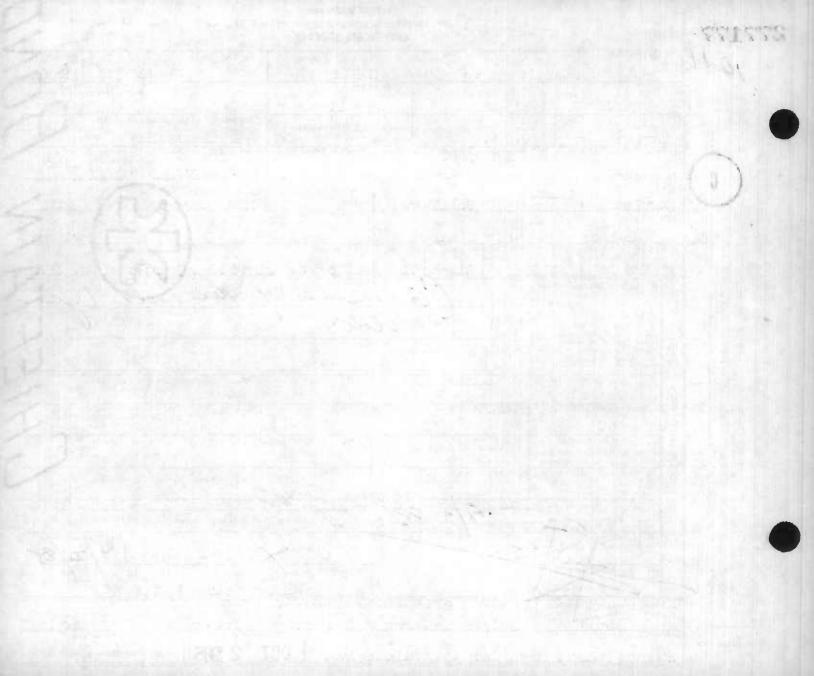
(VRA 15, 4)

23s. BORIAL CREMATION, REMOVAL 73b DATE 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

Toudon Park Cemetery Baltimore Maryland
21229 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



69051	FOR STATE REGISTRAR			DEPARTA	MENT OF HE	OF MARYLA ALTH AND I CATE OF D	MENTAL HYG	IENE 8 5	2	5 2	14
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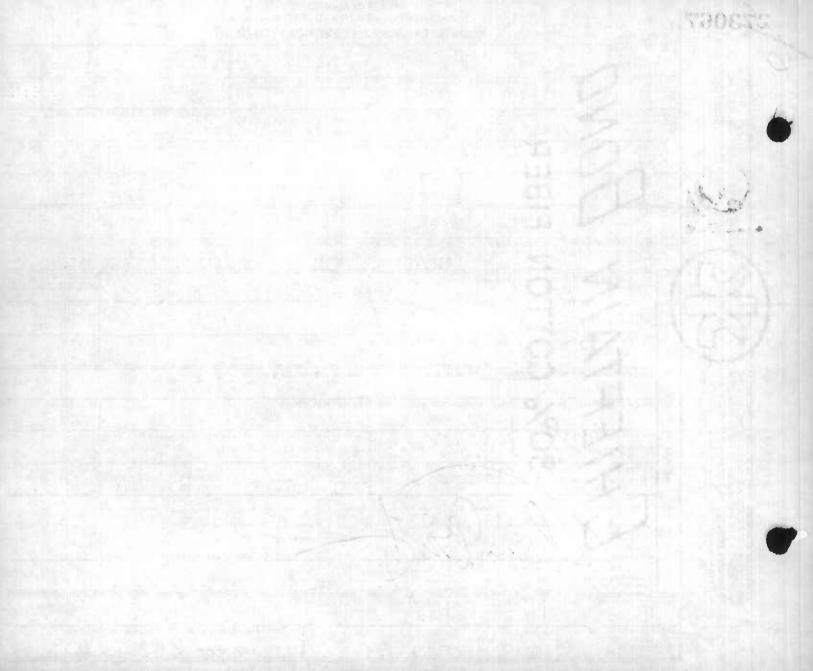
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W. ECU.	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2		(TYPE OR PRINT)	we lildt	yarıta A.	Kore II, PLO	•	ADDRESS	JIII 3 61 66			
28	PA TO A A	23a.B	URIAL, CREMATIO	N, REMOVAL		23c. NAME OF CEA	AETERY O	R CREMATORY	23d. LOCATIO	d.	COUNTY	STATE
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0-105255 AND REPORT OF THE RESERVE OF THE RES

STATE OF MARYLAND 273067 DEPARTMENT OF HEALTH AND MENTAL HYGIENE. REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN X MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES D. WITHIN 72 HOURS W. PRESTON STREET, Kozlowski DEATH MATED 23 19 85 Leocadia 4 RACE & AGE (IN YEARS IF LINDER 24 HRS DATE 2d. HOUR 3:12E 13, SIRTHDAY) PRONOUNCED OCT FEMALE CAUCASIAN 1085 DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED MARYLAND WIDOWED Baltimore City ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) S. Lakewood Drive HOMEMAKER HOME Baltimore VOUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21201 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY NO □ 517 S. LAKEWOOD AVE. 21224 MARYLAND BALTIMORE YES X MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SOWA **BERTHA** KENDRA PAUL 17 INFORMAN 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES! 216/20/0325 KOZLOWSKI 517 S. LAKEWOOD AVE NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head (handgun) DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 USED AS A B CERTIFICATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 31 PRIOR TO BURIAL, C 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXXMONTH UNDERLYING X OR MEDICAL 23 self inflicted CONTRIBUTING CAUSE OF DEATH 211 LOCATION 214 INJURY OCCURRED TATHOME. STREET, PACYORS, PARM. WHILE AT WORK home S. Lakewood Drive, Baltimore City, MD. PAGE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PAINT FOR STATER DEATH, WITH THE STATER DEATH D Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Hamicide Undetermined manner death resulted fra Natural causes TITLE (SPECIFY) ACTUAL Acting Chiefpical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY MD STATE BALTIMORE CITY, STANISLAUS BURIAL 9/27/85 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 25AA 24 FUNERAL DIRECTOR **DHMH - 17** RAYMOND L. KACZOROWSKI 2525 FLEET ST. (VR A15 ME (5)) the Davidson



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To A		CEASED NAME FIRST	WIDDLE	1	AST	20 DATE OF DEATH	ONTH DAY YEAR	26 HOUR
Page 4 may be director, page 3 hours after death		HERMAN			LEIN	SEPTEMBER 8	/	7:23P.M
4 mo	3. SE	X	4. RACE	5 DATE (	DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAY	
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D C C	14 F.	ATHER'S NAME BENJAMIN	MIDDLE LAST KL	EIN	15. MOTHER'S MAIDEN NAME SARAH	ME	K	RAVETZ
col e		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRES		
Page		YES, NO OR UNKNOWN) (IF YES, G	214-14	-9557	MRS. MARGIT	KLEIN 6004 I		RACE 21209
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equires that the dear is signed by the atter Then please remove at to burial, cremation, injury, or other troum	NO	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUETO, OR AS A CONSELLED CONDITIONS CONTRIBUTING	HIM TROAT RACES	NOT RELATED TO THE TERM	inal disease or condi	TION GIVEN IN PART	lio
The law recian.  te has been sit permit.  regione prior shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO		YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	NO [
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TTENDIN parted or CTOR Affor use of for use of of Health		saw the deceased alive a	in Augustal) attended the deceased from Augustal	25,0	nd that in (my) (aur) apınıan d	death occurred an the bate	ond have and from the	, that (In-(ma) lost ne causes stoted
TAL OR A the hosy the hosy detoched tote Dept.		226 SIGNATURE	s C. Isluck,	m.1.	ATTENDING PHYSICIAN	BU MONTH IN	22c. DA	9/FJ
TO HOSPITAL retained by th TO FUNERAL should be dete		DR. JULIUS	GLUCK			S COUNTRY BI	LVD.	
BP	L	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	9/10/85	HEBREV	EMETERY OR CREMATORY  FRIENDSHIP C		The state of the s	MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)			LEVINSON & BRO N RD. BALTIMORE		5	E REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

SEPT. 5,1985 MIKRO KODESH-BETH ISRAEL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

23b. DATE

230 BURIAL, CREMATION, REMOVAL

BURIAL

[SPECIFY]

23d LOCATION

23¢ NAME OF CEMETERY OR CREMATORY

Sin Davidson

27c DATE SIGNED

COUNTY

2h HOUR

126 KIND CREDISTOR

21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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11:30

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- STATE

REGISTRAR

3 Fait Avenue 21224 Tillis George Knorr 3103 Fait Avenue 21224 APPROXIMATE INTERVAL dissemination intravascular coaqulation PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE September 85 and that in (my) (our) opinion death accurred on the date and hour and from the couses stated DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 harles S. Zeiler & Son Inc. 901 S. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1985

12h KIND OF BUSINESS OR

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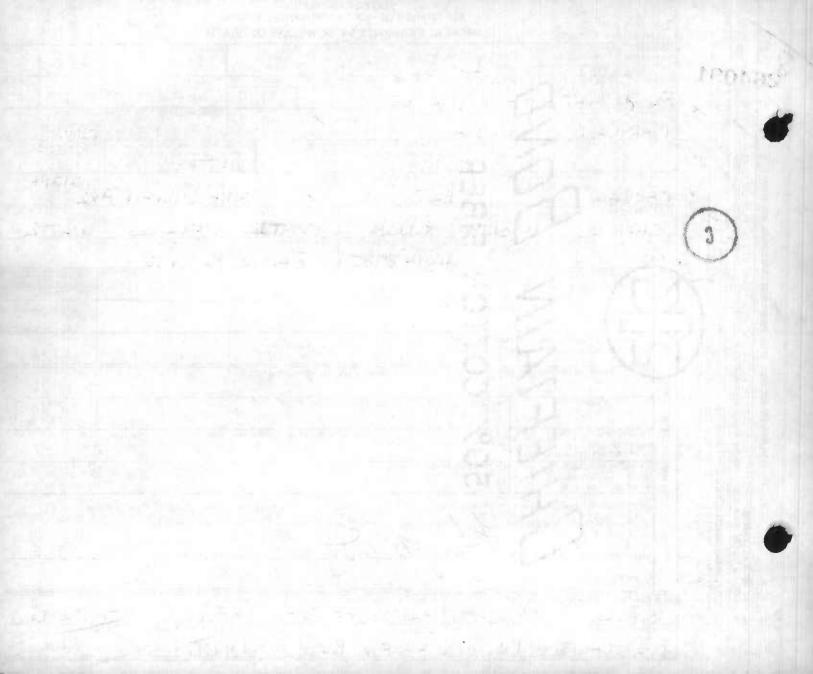
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- STATE 252120 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH 26 HOUR osmi orence A AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYFAR YRS BALTIMORE CITY OR COUNTY OF DEATH 17h. KIND OF BUSINESS OR Raymond Kosmicky (brother) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 20b. IF YES. WERE FINDINGS USED IN CERNITYING CAUSES OF DEATH? YES [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OR TOWN COUNTY STATE (aur) opinion death accurred on the date and hour and from the couses stated DIRECTOR PHYSICIAN 9/4/85 Holy Redeemer Burial Baltimore Md. 24 FUNERAL DIRECTSchimunek Funeral Home Inc. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	UID BE EXECUTED WITHIN 24 H. "PENDING": IN PENCIL IN ITEA # ALON ED AS A BURIAL - TRANSIT PER HEATH AND MENTAL HYGIES IL, CREMATION, OR REMOVAL	-	PART 2 OTNER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO 1	HE TERMINAL OF	SEASE OR CONDITIO	ON GIVEN IN PART	1100		1 - 1-1	et-et-	1 1 1 1 1 1
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	MAN SERVICE STATES		220 I certit	y that I taak charge	at the remains descri	ibed abave, hel	dan Au	itapsy	Inspection	[A], Inqu	жу Ц.,	and in my a	pinian	
	ME WEEK		death resulte	ed fram Natural	causes	ccident .,	Suicide	Hami	iicide .	Undetermine	d manner	],		
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	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER BEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 PF	730 P		ION, REMOVAL 23h				Y OR CREMAT		23d. LOCATIO				
		1	PECHY)	0						CITY OR TOWN	7 - 1	COU	YIMIY CO	STATE
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(VRA 15, 4)

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3. SEX	6.600	R. RACE	IS DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR	R IF UNDER 24 HRS
3 35/	F	h	MONT		73	YRS DAYS	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	hington. D.C.	U. S.	A. WIDOW		Baltimore	City	MD
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ORKING LIFE) INDUSTRY	
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CAL	OR CONTRIBUTING CAUSE OF DI		NTH DAY YEAR				
MEDIC	21d INJURY OCCURRED	21e PLACE OF INJUR	RY	211. LOCATION STREET	CITY OR 10WM	COUNTY	STATE
	220.1 certify that (I) (this hasp	pital) attended the deceas	ed fram 9	1// 19 8 1		111 19 85	that (1) (we) last
	saw the deceased alive a	111.	19 85 6	nd that in (my) (aur) apinian	death accurred an the date	and have and fram th	ne causes stated
	22b SIGNATURE	uls.	MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF □ DIRECTOR □ PHYSICIA	- 1	TE SIGNED
	22d PHYSIS IN'S NAME TYPE	CHIS		220 ADDRESS 215 G	reene st	BaH.	110212
23a. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	Burial	9-16-85	Western	Cemetery	Balto.		Md.
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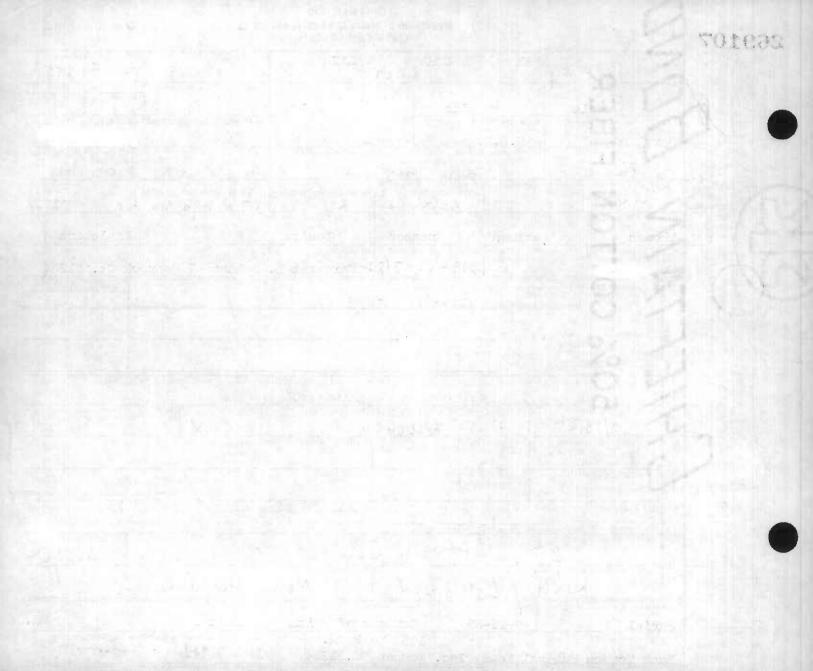
DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE 253124 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR URINA 5. DATE OF BIR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH S 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COLINTRY S. Carolina U.S.A. DIVORCED BALTIMORE CITY WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSP & Medica BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER HILLITUTED LINE HIL 130. STATE 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 2226 Linden Avenue 21217 Maryland YES X NO [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Lillie Lonnie Daniels Mae Moses 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) 249-38-1491 Ida Mae McFadden 2226 Linden Avenue Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to W. PRESTON DUE TO, OR AS A CONSEQUENCE OF cardiomyopath chemic Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS remia CERTIFICATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE SIRFFI (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) 27s.1 certify that (1) (this happital) attended the deceased from and that in the (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL ± FUNERAL **PHYSICIAN** DIRECTOR PHYSICIAN MPORTANT 276 PHYSICIAN'S NAME CHIEGOPONIO 22e ADDRESS d b 0 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE Md. STATE Baltimore, BURTAL 9/9/85 Pk. Eastview Mem. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Wm C March F/H Inc. 1101 E North Avenue (VRA 15, 4)

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LAND 21201	un 24 haurs after de	ly filled in by the fun should be filed within
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TAL ON ATTENDING PHYSICIAN: The low requires that the death certificate in executed within 24 hours after death. Tage by the hospital or oftending physician.	RAL DIRECTOR. After this certificate has been signed by the attend in particular and completely filled in by the funeral direct detached for use as the burial transit permit. Then please remaye contained to use as the burial transit permit. Then please remaye contained to the gest found be filed within 72 hours of
01 W. PRESTON ST.	that the death series	by the attend a preserve content
VITAL RECORDS, 20	AN: The low requires hysicion.	RAL DIRECTOR. After this certificate has been signed by the attend of detached for use as the burial transit permit. Then please remaye con-
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107	1-	FOR STATE REGISTRAR	DEPAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 CERTIFICATE OF DEATH REG. NO.						
page 3		CEASED NAME FIRST N OR PRINT) MARY	ARY MIDDLE EMM	LAIR		22 85 5:45 PM				
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School State of the state of th	Th	nomas I		15. MOTHER'S MAIDEN NA FIRST Louisa	MIDDLE	Englehart				
nd c			MED FORCES?  166 SOCIAL SEC  213-5	/6	Button -7 Bonro					
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d for use t of Heol m 21 is m		saw the deceased alive an above, (I) (we) (did) (did no	tol) ottended the deceased from 9/22 1) view the body ofter death.	, and that in (my) (our) opinion	death occurred on the date and hour					
JERAL DIRI		226. SIGNATURE  C  22d. PHYSICIAN'S NAME (TYPE O	Don CET	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED				
should be d	22- 0	KING	= / LAUGUH	IN MER	cy Hospital	11 1				
-	Bı	SURIAL, CREMATION, REMOVAL SPECIFY)  Tial	9-25-85	Gardens of Faith	23d LOCATION CITY OR TOWN Balto.	county State Md.				
- 16 60M 7/B4 RA 15, 4)		UNERAL DIRECTOR	ADDRESS	1050 York Rd. 25a DA' Towson, Md. 21204	TE REC'D. BY REGISTRAR 256. REGISTR	ar's signature				



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR DECEASED NAME (TYPE OR PRINT) 8:50 85 CLARISSA BALL LAMBDIN 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR UNDER 24 HRS 3. SEX 5. DATE OF BIRTH White 18DAY 1900 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY St. Agnes Hospital Bookeeper Brewery Baltimore 13e.STREET ADDRESS / ZIP CODE 4629 Wilkens Avenue 21229 Maryland Baltimore Arbutus FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Whiteford Ball Ella J. George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 16b SOCIAL SECURITY NO 17 INFORMANT

)	(11.65) 0.16	Unavailab	ole	Francis X. La	mbdin 4629	Wilkens		
18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only one WAS CAUSED BY: IMMEDIATE CAL	couse per line for (0), (b), and (	nox	ia			APPROXIMATE IN	NTERVAL AND DEATH
Canditions, if ony gave rise to im couse (o), stoti underlying cause	which mediate ng the	OUE TO, OR AS A CONSEQUEN  (b) Cardio 15  DUE TO, OR AS A CONSEQUEN  (c) RESIDUAT	espi ICE OF	Failer as	. D (:	ailuro	30	day
PART 2. OTHER SIG	Fluid	itions contributing to de Overload, 96 CONDITION FOR WHICH O	Pos	not related to the termin	val disease or condition to the condition region autopsy?	20b. IF YES, WE IN CERTIFYING	REFINDINGS US CAUSES OF DI	EATH?
210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	16. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	21c. HOW INJURY OCCURRE	YES NO DO DE INJURY	YES		
21d. INJURY OCCUP	RRED 2	1e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FAR.	M. ETC )	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
/	(this hospital) or	ttended the deceosed from	, on	d that in (my) (our) opinion de	oth occurred on the dot	7 19 C		(we) lost s stoted

should be

DHMH - 16 60M 7/B4 (VRA 15. 4)

230 BURIAL, CREMATION, REMOVAL 23b DATE Burial 09-30-85

224 PHYSICIAN'S NAME WYPE OR PRINT

22b. SIGNATURE

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION

Maryland

22s DATE SIGNED

New Cathedral Cemetery Baltimore 21229 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Aven

MEDICAL STAFF

400 CATON Ave Bali

a DRINGGE - Handel

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( ) - STATE CERTIFICATE OF DEATH REGISTRAR DECEASEDTIAME FIRST MIDDLE 20 DATE OF DEATH MONTH LANASA ANNA J. Sept. 23, 1985 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH April 8, 1898 White 87 Female MIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City USA WIDOWED DIVORCED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE)
Sec. / Treas. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Baltimore 5003 Greenleaf Road 136 COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore YES TX 5003 Greenleaf Rd., 21210 ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Giuseppa Sansone Intonia Lanasa ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 215 10 5975 Mary Jane Schorr, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOK 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) this hospital) getended the deceased from DEGREE ATTENDING MEDICAL should be detr with the State IMPORTANT: 22e ADDRESS Dr. Walter Welzant, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 9/26/85 New Cathedral Balto., Burial

Balto., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ma of the ballbladder PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) COUNTY STATE and that in my (aur) apinian death accurred an the date and have and from the causes stated PHYSICIAN PIRECTOR PHYSICIAN 6100 York Road, Balto., MD MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co. in way doon- Handale Balto., MD 4905 York Road 21212

STATE OF MARYLAND

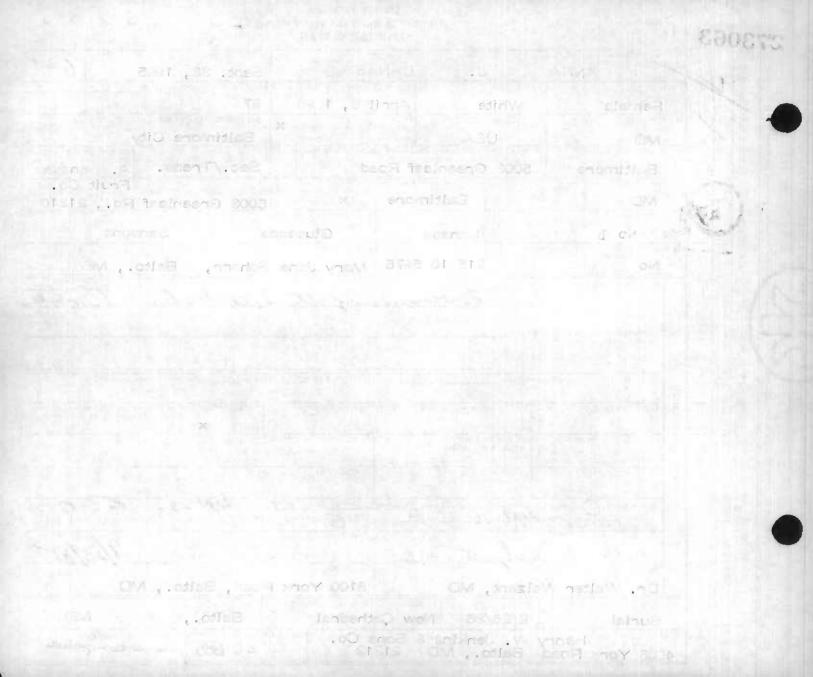
IF UNDER 1 YEAR

INDUSTRY

12h KIND OF BUSINESS OR

A. Lanasa Fruit Co.

DHMH - 16 60M 7/84 (VRA 15, 4)



16		FOR STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	5 2 3
5	TAPE	OR PRINT)	L.		0.40	0.5
-	3. SE:	Francis	4 RACE	Lang  Is Date of Birth	9-10-	IF UNDER LYEAR IF UNDER
		Male	White	Jan. 7, 1908	77 YRS	MONTHS DAYS HOURS
\$7		RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUNTY	
\$ C		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 5501 Alban Ave	G HOME OR OTHER INSTITUTION ADDRESS (Residence)	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF Ret. Bartender	12b. KIND OF BUSINE
	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 113d INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP CODE 5501 Alban A	
- Coming	14 FA	THER'S NAME FIRST	MIDDLE LAST LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE C.	Kaehler
medico		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN] [IF YES, GI	RMED FORCES? 16b SOCIAL SECU IVE WAR OR DATES) 216-10-2		Cornes 3314 Ches	ley Ave.
emovol.			nly one couse per line for (a), (b), and ED BY	IOSCLEROT	1c CARDI	APPROXIMATE INTER BETWEEN ONSET AND
I, cremotion, or re other troumotice		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	VIJUMYC		
ury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110
ž E	A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	WERE FINDINGS USER

MEDICAL (IE EITHER NOTIEY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE

220 | certify that (I) (this hospital) atlended the deceased from saw the deceased alive on 100 obove. (I) (we) (did) (did nat) view the body and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Aquino. 23d LOCATION
CITY OR TOWN
Baltimore 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Sep 13 1985 Moreland Memorial Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 1 6 1985

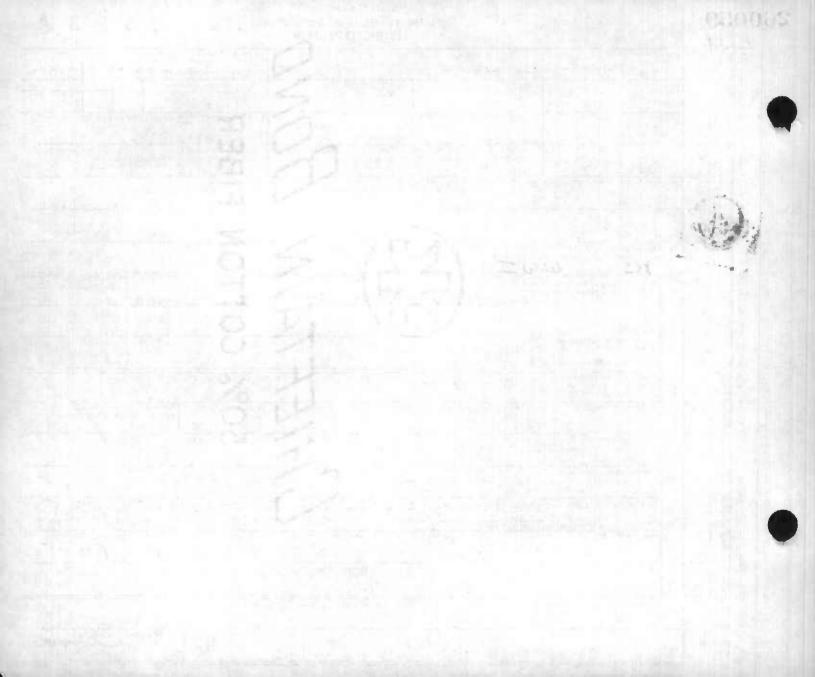
Leonard J. Ruck, Inc.

(VRA 15, 4)

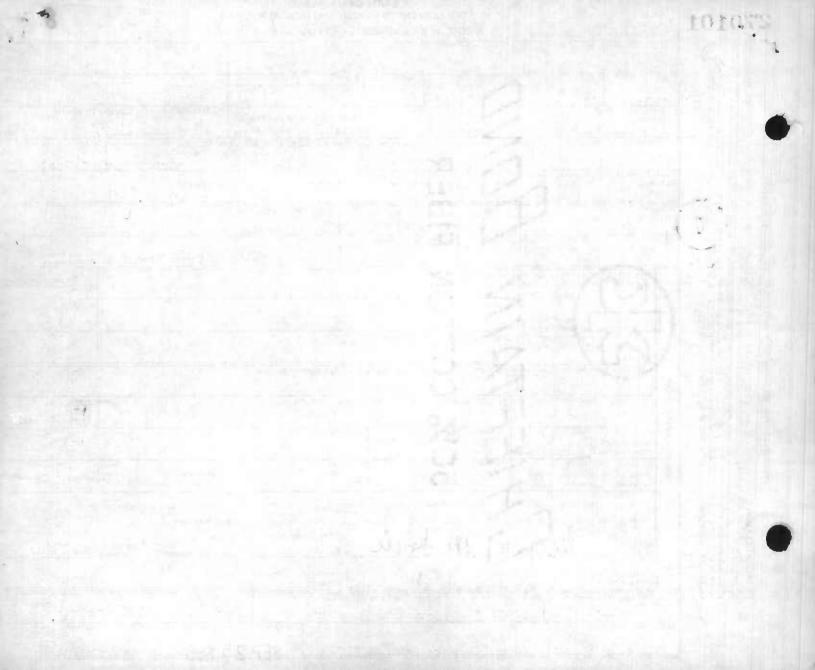
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260059	1.	FOR STATE			DE	PARTMENT	OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIEN	9	2	5 2	3	1.
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or p	3 SE			RACE		5. D	ATE OF	BIRTH YEAR	6.	AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DA	AR IF UNI	DER 24 HRS.
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OW S S S S S S S S S S S S S S S S S S S	1	YES, NO OR UNKNOWN!	(IF YES, GIVE	WAR OR DATES)	212-	01_03	3/10	Irene La	nio	wolsi 20.	32 Ea		1231	0
ALTI		18 CAUSE OF DEATH					7411	TIENE La	HIE	WSKI ZO.	72 60		ROXIMATE IN	
physical phy		PART I. DEATH W	AS CAUSED	CAUSE (a)			dic	respirate	orv	Bavacti	rroc		CI CI I	
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DS, 20 quires signed hen pil to burin	NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>C</u>	ONTRIBUTIN	G TO DEATH	H BUT N	OT RELATED TO THE T	TERMINA	AL DISEASE OR COM	NDITION GIV	EN IN PART	lia	TI S
Secon is been reprior to prior is sony in	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	OITION FOR V	WHICH OPER	RATION	WAS PERFORMED		200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE FIN	DINGS U	SED EATH?
VITAL IN: The Indicate hor construction Hygient 18 show	E									YES NO		S 🗌		
DF VII		OR CONTRIBUTING C		216 TIME C	,M. MONI	H DAY	YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART	2)	
NOF ING PH ING P	MEDICAL	(IF EITHER NOTIFY MEDIC			.M.	-2	19	21f. LOCATION						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician by signed by the attending physicial extrincate has been signed by the attending physicial extra certificate has been signed by the attending physicial extra certificate has been signed by the attending physicial extra property on the burilet consistency of the property of the prope	MEC	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗌	( AT HOME, ST	OF INJURY			STREET	Ži.	CITY OR T	NWC	COUNTY		STATE
OR ATTENDIA on DIRECTOR A DIRECTOR A bopt of Heal		22a I certify that (I) 1 saw the decease above, (I) (Ve) (d	this hospited	Septe	herriber	12,19	85	that in (my) (Cur) apin	85 nian dea	, to Septen th accurred on the c	ber	12,19	-8 5at (1 the causes	we) lost stated
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, <u>-</u>		April .	2 Ho	mny	san			ATTENDIN PHYSICIAI	N D	MEDICAL STA		9-	- /2 -	77
FUN VII B		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)				22e ADDRESS						
shoot	23a E	JURIAL, CREMATION, F	REMOVAL	23b. DATE		23c NAME	OF CE	METERY OR CREMATO	RY	23d LOCATION				
вР		Burial		9/1	6/85	Holv	Ro	sary Cem		CITY OR TOWN	Balti	TOTA		Md.
DHMH - 16 60M 7/84		JNERAL DIRECTOR	Tene						DATE RE		25b. REGIST	RAR'S SIGN	ATURE	1.00
(VRA 15, 4)	L	illy & Ze	iler	Inc.	190	1 Eas	ter	n Ave.	SEF	1 3 1985	June	PILL   0(0)	Mark	webe.



20404	1	FOR STATE		DEPARTMENT OF HEAD	LTH AND MENTAL HYGI	EN6.	5 2 3	8
70101	1	REGISTRAR	MI	EDICAL EXAMINER'S	S CERTIFICATE OF D	EATH REG	G. NO.	
2		CEASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN	N X MONTH DAY	YEAR 26 HOUR
the or Ba	,,,,		nael		Lapinski	OF ESTI-		85
ESE.	3. SE		5 DATE OF BIRTH		UNDER 1 YR. IF UNDER 24 H		MONTH DAY	YEAR 1 HOUR
RESTONS				M. Charles and M.	ONTHS DAYS HOURS MIN	PRONOUNCED DEAD	9/ 20/19	
	To B	lale White		VHAT COLINTRY2		9. BALTIMORE CIT		
3.	FC	DREIGN COUNTRY)		14.00			re City	
3/3/	10. C	Maryland ITY OR TOWN OF DEATH	11. NAME OF HO	18			TYPE OF WORK 126. KIND	OF BUSINESS
1		Baltimore					'	
-	USU	AL RESIDENCE HE IN NURSING HIC	ME OR OTHER INSTITUTION		ital center	Cro	own Cork & S	ieal
6		STATE 1986 CC	YTAU	13c CITY OR TOWN				
1	W .		ltimore	Parkville			Rd. 21206	
	A	ATHER'S NAME FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
,	1	Henry	ABALED FORCES	Lapinski				
-	100	YES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	108. SOCIAL SECURIT NO.				
1	-			212-42-1245	Emma Ruble	8118 Gray F		
4	1	18 CAUSE OF DEATH (Enter					APPRO BETWEEN	NONSET AND DEATH
AL.	18		DIATE CAUSE (o)		c stenosis	- 15 35		
NTAL HYGIENE, I	727	Caralteiana (Caran al		R AS A CONSEQUENCE OF				
RE		Conditions, if ony, wl	ate (b)					
Ō		cause (a) stating the unit lying cause last.	DUE TO, O	R AS A CONSEQUENCE OF				
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	Z	PART 2 OTNER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO OEAT	N BUT NOT RELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN PART 1 to			
-	CERTIFICATION	190. DATE OF OPERATION	19b COND	DITION FOR WHICH OPERATION	N WAS PERFORMED?		28 AUT	OPSY?
1	15							
-	ER -	210. EXTERNAL CAUSE WAS	21b. TIME (	OF INJURY 216	C. HOW INJURY OCCURRED LEN	NTER NATURE OF INJURY IN ITE		45 NOT
		UNDERLYING OR		M. MONTH DAY YEAR				
	MEDICAL	21d INJURY OCCURRED			LOCATION			
	A A	WHILE AT WORK			STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK - AT WORK				•		
		220 I certify that I taak c	arge of the remains d	escribed abave, held an Au	itapsy X. Insaection L	, Inquiry .	and in my opinion	
MARYLAND, 21		death resulted fram:	atural causes X,	Accident , Suicide	, Homicide Ur	ndetermined monner	<b>_</b> .	
Š		ACTUAL MI	1	hade	TITLE (SPECIFY)		2.75	20/05
-	-	SIGNATURE	Marle V	116 June	_M.D. Assistant_A	MEDICAL EXAMINER	SIGNED 9/2	20/85
DALIMORE, NO	71	EXAMINER'S NAME		7 11 W 5	222	D		
4		(TYPE OR PRINT)	TISA   NARRED   NEVER MARRIED   SHALLIMORE CITY OF COUNTY OF DEATH   Baltimore City   MODING   MODIN					
	23a. E	BURIAL, CREMATION, REMOVA				CITY OR TOWN	COUNTY	STATE
		Burial	9/23/85	Parkwood Ce			11	
	24 F	FUNERAL DIRECTOR	ADDRE	SS	250. DATE REC'D	). BY REGISTRAR 256 F	REGISTRAR'S SIGNATURE	
(5))	1	Connelly Eunor			OZI CED	0 5 400F	African Commence.	nols 90



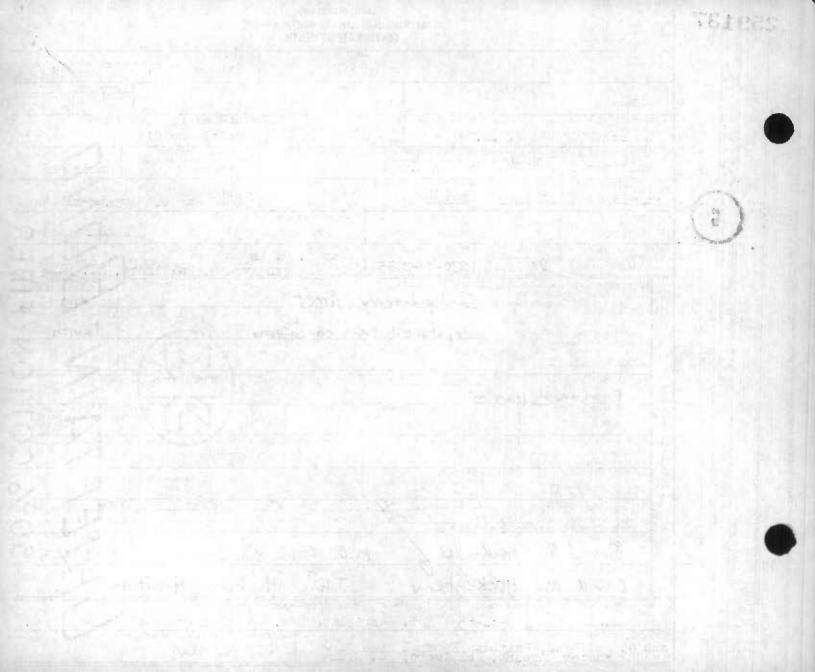
Matthews, Matthews Fufferal Home Eastern Avenue, Baltimore, Md. 21224 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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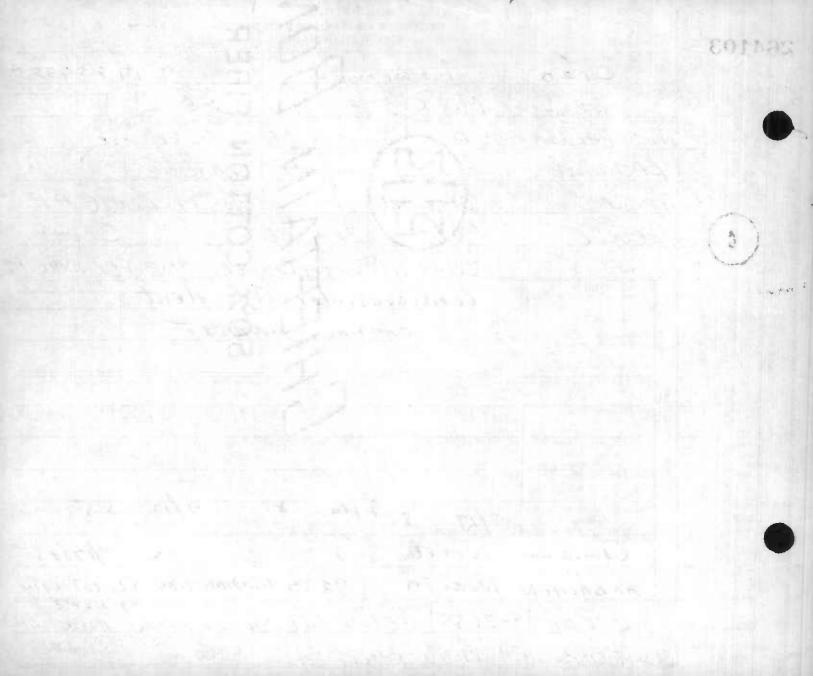
DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



DHMH - 16 60M 7/B4 (VRA 15, 4)



260012

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH MONTH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) SEPTEMBER 12. 1985 ALFRED MADISON LEE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYEAR 5. DATE OF BIRTH 3 SEX 4 RACE MONTH APRIL 2 1925 60 MALE WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED BALTIMORE CITY WIRGINIA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MACHINIST BALTIMORE 5022 E. OLIVER ST. 21205 MUSUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 136 COUNTY 13e.STREET ADDRESS / ZIP CODE BALTIMORE 5022 E. OLIVER ST. 21205 MD. YES X NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LANNINGHAM FILA T.F.A E. ROBERT ADDRESS149 E. KING ST WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT VIRGINIA BENTZEL (DGHTR) LITTLESTOWN, PA 231-18-0236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Idvanced corremona o Conditions, if any, which

GLENN L MARTIN gove rise to immediate couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 286. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an ... and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 224. PHYSICIAN'S NAME (TYPE OF PRINT) Franklin Square Drive Dr. Seymour Weiner 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 73h DATE COUNTY BALTIMORE MD. 9/14/85 BURIAL MEADOWRIDGE MEM. PARK

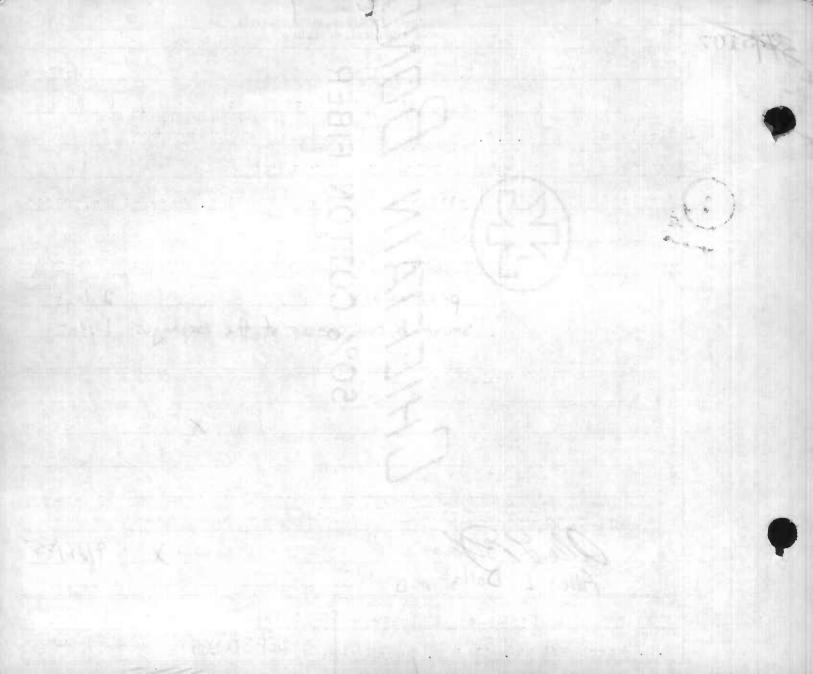
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d b MPORT

> 24 FUNERSCHIMONEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213



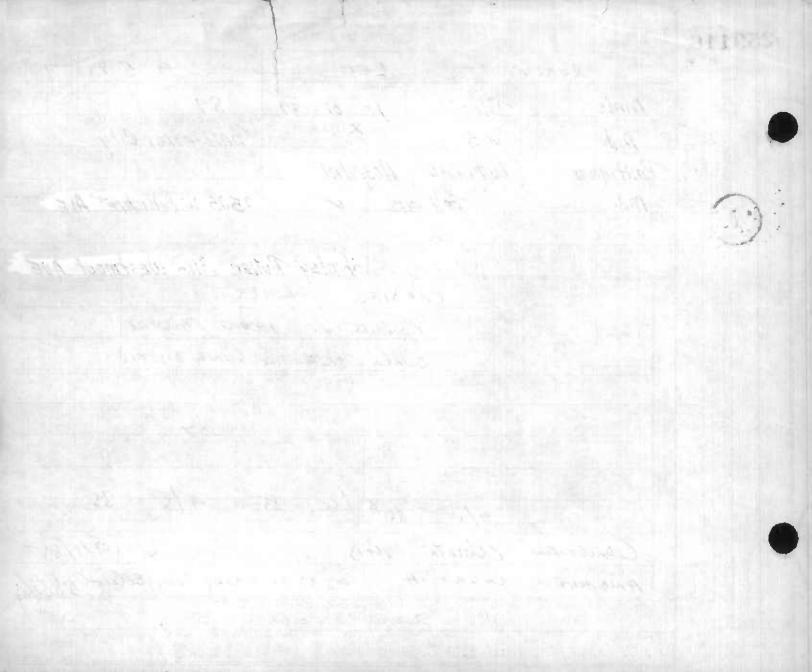
	1	FOR STATE	DEPAR	TMENT OF	SEALTH AND MENTAL HYG	IENE 8 5	2	5 2	4 3
107	1.00	REGISTRAR	MIDDLE	10.1	TAST	REG. N			
e		CEASED NAME FIRST	MIDDLE		LASI	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
		DAVID			LEE		9 21		4:15a M
	1. SE		4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR	THDAY)		HOURS MIN.
		M	В	10	14 22	62	YRS		
05		RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
2	Vi	rginia	U.S.A.	WIDOW		BALTIMOR	E CITY		MD.
25	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF	BUSINESSOR
5	BA	LTIMORE	VETERANS ADMIN		ION MEDICAL CE		N TORKING LINE	INDOSTRI	
1	USU 3a.	AL RESIDENCE (IF NURSING HOME COLOTATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	PRE ADMISSION)		13e STREET ADDRESS	/ 710 CODE		
	Ma	ryland	Baltin		YES X NO	3004 E. I		al St.	21213
2		THER'S NAME			15. MOTHER'S MAIDEN NA	ME			21213
1	Cr	osky	Bel1		Mary	WIDDLE		Braxt	0.77
-		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO.	Frances McI	Dowell AST	04 E		
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			anly one cause per line far (o), (b), o		1 V14.10 3300 IX	OCT TOTAL D.	LVD DA		ATE INTERVAL
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		gave rise to immediate			en copyright a	1106 626	Tract on	1 4	
		couse (a), stoting the underlying cause last	DUE TO, OR AS A CONSECU	UENCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	IN ALDISEASE OR CON	DITION CIVE	NUMBER ADT A	
	No.		CONDITIONS CONTRIBUTION TO	E DEATH BOT	TO RECATED TO THE TERM	IIIAL DISLASE OR CON	DITION GIVE	IN HAPARI IIU	
0	CAT	190 DATE OF OPERATION	195 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
6	5			1		YES TI NOM	IN CERTIFY YES	'ING CAUSES C	DF DEATH?
0	CERT	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR				
3	4	OR CONTRIBUTING CAUSE OF DE							
d	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION				
	×	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK	outal attended the deceased from	AUGU	SI 29 10 85	SEPTEM	BER 29	. 85	not (X(we) lost
		saw the deceased alive or	otol) ottended the deceosed from SEPTEMBER 29 19 view the body offer death	85	nd that in (Xv) (aur) opinion o	eath occurred on the de	ate and hour	and from the co	of [[X[we] lost
		abave, XI) (we) (did) XIX X 22b SIGNATURE	o view the body offer death		DEGREE			22c DATE &	
	2	/1//	I ARIXAN		ATTENDING	MEDICAL STAI	FF \	3/	11/85
-		27d. PHYSICIAN S NAME IIII	Carren July		PHYSICIAN L	DIRECTOR PHYSIC	IAN	1 (10	100
1		Allen	L. Dollar,	n 1)					
+	22	1 11/6/1	# T-11-11-11-11-11-11-11-11-11-11-11-11-11			RAVEN BLVD	BALTO,	MD 21	218
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	-	URIAL	10-1-85 F	inela	awn Cemeter	- I TITLE TIL	unda1		Md.
84		INERAL DIRECTOR	ADDRESS			P 3 0 4005	25 REGISTR	WILLSON-	RE undelle
	W	.C. March F/	H Co. 1101 R	Mort	h Ave	P 3 U 1985	of a majer	m10001 1	



260067	1-	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE S REG. NO.	3 6 7
631		CEASED NAME FIRST	MIDDLE	<b>LAST</b>	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	{IYPI	Edwar Edwar	d w	Lee.	9	8 85 6:35 M
of Pool	3. SE	× male	4. RACE Wlack	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
900					8 QQ YE	
1 4 16 85	n	ETHPLACE I MATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED MEVER MARRIED WIDOWED DIVORCED		A 18
op at a second	16.C	TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
		Baltimore	FSK K	tospital	retired	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afterding physician.  (feer this certificate has been signed by the attending physician and cemplify as the buriel-transit permit. Then please remove corbonoppers. Pages the prior to buriol, cremation, or removal.  In and Mental Hygiene prior to buriol, cremation, or removal.  orked or frem 18 shows ony injury, or other traumatic event, the medical permits the property of the prop		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	Li.		13e.STREET ADDRESS / ZIP C 2000 O'Del	21237 1 Ave.Apt.1503
RYL.		ATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN	NNAME	LAST
AM 6 41 100	P	HILLTP LEE		MINNÍË B	BOYD	
DRE, xecund cond condico	16a. \	VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	L SECURITY NO. 17 INFORMANT	ADDRESS	
TIMC	Y	ES	218	-0(-6203 JEANNE L	LEE 808 GLENWOO	D Avenue
BAL ofe		18 CAUSE OF DEATH (Enter or	ly one cause per line for (a),	(b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., I phy on pose emore	100	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE 10) Res	piratory (cardia	c allest	
or report			DUE TO, OR AS A CON	NSEQUENCE OF		
deot deot ove tion.		Canditions, if any, which		1	xtraurty gang	rend ?.
l W. PR hot the by the con- ose remo		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ISEOUENCE OF		
ned pleed		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
RDS of significant of the RDS injuries	ON N	-NON-	resectable	long CA		
ne low roon.  Don.  Don.  Dermit.  Dermit.  Dermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
VIITA Nysica Tonsit Hygie Hygiel B sh	ě.	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC	CCURRED (ENTER NATURE OF INJURY IN ITEA	
OF OF PARTY OF THE	AL	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR		
HYSH I Mering or the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
NVISI offer the street of the	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
NDIN R. Al Wee of	2	22a   certify that (I) (this hospi	tal) attended the deceased		85,10 9-8	, 19, that (I) (we) last
Porto of the soft		saw the deceased alive on above, (1) (we) (did) (did no	at) view the body after death.	_19_Q, and that in (my) (our) opi	inian death occurred on the date and	hour and from the causes stated
hos hos her her her hed her hed		22b. SIGNATURE	101	DEGREE		224. DATE SIGNED
AL D AL D deto ote D AT: #		Marrie	my Xx	M ATTENDIN PHYSICIA		1 9-8-80
HOSPITA ined by FUNERA old be de on the Stat		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		
O HOSPIT. TO FUNER should be divined by March He Ste		Howard	luch	I tsk	Itospifal 1	Daltimore Ilily
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY
BP	_	ÜRÏAL	9/13/85	GARRISON FOREST		LLS MARYLAND
DHMH - 16 50M 4/83		JNERAL DIRECTOR	AD		DATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
(VRA 15, 4)	W	M. C. MARCH	F/H 1101 E.	NORTH AVENUE	SEP 1 1 1985 1. A	No so locasio-Nouthwest

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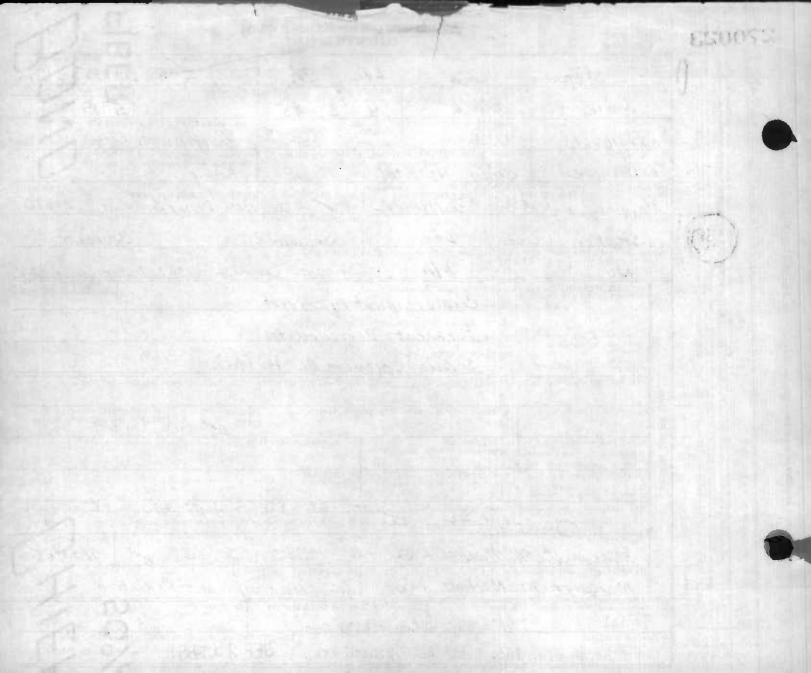
259116	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND  EALTH AND MENTAL HER  ICATE OF DEATH	REG. N	2 5	2.45
ege pe		CEASED NAME FIRST	ERT	A.		AST EE		MONIH DAY	SS TO HOUR A
ge 4 moy ector. poo	3. SE	MALE	4 RACE	nck	5. DATE O		6 AGE (IN YEARS LAST BI		JNDER TYEAR IF UNDER 24 HRS iTHS DAYS HOURS MIN.
Jeoth. Po		RTHPLACE (STATE OR FOREIGN	71.	MHAT COUNTR	WIDOW		BALTIMORE CITY S	RE, C	ty MD
by the full filed with	1	BAH MORE	(IF NO) IN SU	RECAL STR	EET ADDRESS)	SCIPAL	120 USUAL OCCUPAT		121 KIND OF BUSINESS OR INDUSTRY
(N) 85	130	AL RESIDENCE (IF NURSING HOME STATE 13b CO		13c. CITY OR TO		13d INSIDE CITY LIMITS? YES NO [	5327 Cut	/ ZIP COST	Avenue 212
1000		ATHER'S NAME FIRST Herman	MIDDLE	Lee		15 MOTHER'S MAIDEN NA FIRST  Amanda	MIDDLE		Winder
be esecutive and company		VAS DECEASED EVER IN U.S., yes, no or unknown) (if yes, NO	ARMED FORCES? GIVE WAR OR DATES)	218-10		Catherine	Lee 5327	1	
Tricote physics on poper emovel.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	only one couse pe SED BY IATE CAUSE (o)	r line for to 1, (b).	R DIA	e Ana	EST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ures that the death of signed by the attends are please cereation or abundance, or after traumation, or after traumation.	z	Conditions, if ony, which gave rise to immediate couse (o1, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(b)	OR AS A CONSEC	ON GOUENCE OF	IC OKSTAUTIVE		) is Email	
No second to the	CERTIFICATION	19a DATE OF OPERATION	196 COND	PITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES [	VERE FINDINGS USED NG CAUSES OF DEATH?
SECIAN TO SECIAN TO SECIAN TO SECIAN TO SECIAL SECI	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	IRY IN ITEM TO PART	I ORPART 2)
After this corted or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY		STREET	CITY OR TO	/ww	COUNTY STATE
L OR ATTEND the hegistol of L DIRECTOR. Itsnihed for use & Dept. of Hee		220-1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on9	1 19	Clan	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	(FF	that W (we) lost and from the causes stated
D HOSPITA D FUNERA O FUNERA SOUTH DE CA		PMB ALLE	PE OR PRINT)	orti	- (	22e ADDRESS 9233 W	inding a	)	luol eit ref
BP		BURIAL, CREMATION, REMOV	AL 236 DATE 9/9/8			emetery or crematory v Memorial PK	Baltimo	re	OUNTY MSTATE
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director  1. C. March F/1	H, Inc.	1101 ADERES	NOrth		SEP 1 1 198	256 REGISTRA	R'S SIGNATURE



DIVISION OF VIT AL RECORDS,

STATE OF MARTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 270023 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH YEAR 26 HOUR MIDDLE DECEASED NAME TYPE OR PRINT 85 Stephen 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH Black 85 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE MARRIED NEVER MARRIED COUNTRY Himore Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Hospitas Baby USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 1136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE USA Himore Poplar Grove St Maryland YES IN NO 1309 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST Lee Louis Shownee ADDRESS ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 1309 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Cardiorespiratory IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Pericard Puralent Conditions, if ony, which gove rise to immediate couse lol, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES TO NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased live on Sept 22 19 85 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED DIRE DEGREE Margaret M. Micholio ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Margaret M. Nichols MD MPORT Hespital Dept of Pediatrico show with 23a, BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE Burial 9/26/85 Cedar Hill Cem Anne Arundel Co. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 SEP 25 Wm C March F/H, Inc. West 4300 Wabash Ave wow was in fundable

(VRA 15, 4)



284278 X- 42.0 .4 20 The Chy Butteringer Conversely trapped of the plant The beautiful of the State of the Former Colors to the State of t Call : The water is now their Boy flowed by a - St. D. James a world + Breeder 750185 Portion on Sunting 28/1021 Belief Bernand By Commence By Hold BUILT SITH WITH CHIEFESTS A NO HOSPITE

261010	1 -	FOR STATE REGISTRAR		DEPARTN		CATE OF DEATH	REG. N	2 5	2 4 3	
3 2 2 4		CEASED NAME FIRST	LIAM	LEEBA		ST		MONTH DAY	YEAR 26 HOUR	М
actor, po	3. SEX	M	4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UI MONT	NDER 1 YEAR IF UNDER 24 H	IRS.
nerol in 72		RTHPLACE (STATE OR FOREIGN OUNTRY)	U.	S,A.	WIDOWE			MORE	City	MD
by the fu		BALTO,	422	FACILITY, GIVE STREET	DORESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION OF THE PROPERTY OF THE P	F WORKING LIFE)	26. KIND OF EUSINESS NDUSTRY BARBERIN	
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rentificate by physicia bon papers remayol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	Long	Car	icer			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
hot the death by the ottend ase remove co al, cremotion, o ather troumot		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(p)	R AS A CONSEQUE						
requires 1 ten signed 1. Then ple or to buric	NOIL	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TER.	MINAL DISEASE OR CON		IN PART 1101	
The low cion.	CERTIFICATION	190. DATE OF OPERATION			OPERATIO		YES NO	IN CERTIFYIN	G CAUSES OF DEATH?	
NG PHYSICIAN: The low r ottending physician. (fer this certificate has bee as the buriol-transit permit, th and Mental Hygiene prio orked or item 18 shows any		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN		M. MONTH DA	AY YEAR	2)c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
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ATTENDIR Spirol or CTOR. Al of for use of for use of Heols m 21 is mo				19	or	d that in (my) (our) apriniar	, to, to	ate and hour ar		
SPITAL OR Hay the hor be detoched e Stote Dep		22d PHYSICIAN'S NAME (TYPE	wen	no		ATTENDING PHYSICIAN	MEDICAL STA		9/10/85	
TO HOSPITA retained by TO FUNER should be d with the Sto		ROY VERD	DERT		LAME OF C	BEACHAM (		STERN A	ive Der 1	N
BP		BURIAL, CREMATION, REMOVA	236 DATE	0	^	EDEE MER	M DORTOWN	OVI	OUNTY STATE	E
DHMH - 16 50M 4/B2	24 F	NAME O A CO	1 . 12	2 21 ADDRESS	1100	25 S	JE REC'D. BY REGISTRAN	I Lia Jain	R'S SIGNATURE	

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FOR STATE

STATE OF MARYLAND	)
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DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

		REGISTRAR				CERTIFIC	CAIL OI D	F7111		REG. NO	0.			100
		OR PRINTI	FIRST		WIDDLE	L/	AST		20 DATE OF	DEATH	MONIH	DAY	YEAR	2b. HOUR
ı		A	LVAH		J.		STER				9	7	85	1:00 M
	3 SEX	(		4 RACE		5. DATE O		YEAR	6. AGE (IN YE	ARS LAST BIRT	THDAY}	IF UND	ER I YEAR	IF UNDER 24 HRS
		Male	1.0	Cauca	sian	MONTH	1 08	93		91	YRS.		0	mue.
1	7a BIF	RTHPLACE (STATE O	OR FOREIGN 7		WHAT COUNTRY?	8.	NEVER A	ADDIED	9. BALTIMOR	E CITY O	R COUNT	YOFDE	EATH	7 5 5 5 5 1
2		Marylan			.S.A.	WIDOWE	DX DA	ORCED	Bal	timo	ore,	Cit	су	MD
7	10 CI	TY OR TOWN OF D	DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O	R OTHER INST	ITUTION	12ª USUAL C			12b.	KINDO	F BUSINESS OR
1		ltimore	4.6	3646	Elm Ave:	nue	2121	1 1	Renova		,	S	elf	Employ
ē	USUA 13a. S	AL RESIDENCE (IF N	136 COUN		GIVE RESIDENCE BEFOR		13d, INSIDE C	TV I IAAITS 2	Balti	more	, Mar	yla	and	
1	Ma	ryland			Baltimo		YES X	NO 🗌	3646					1211
1	14 FA	THER'S NAME	A	AIDDLE	· LAST		15 MOTHER'S	MAIDEN NAM		MIDDLE	-			
6		John		S.	Leist	er	Vir	ginia		MIDDLE			Ree	d
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	JRITY NO.		svill		HELV	ď	212	208	
		Yes	W.W.	_	214-01-	3830		Leis						Lane
		18 CAUSE OF DE	ATH (Enter only	y one couse per	r line far (a), (b), ar		,	пета	LEL 1	120	DEVE			MATE INTERVAL
		PART I. DE ATH	WAS CAUSED	BY: E CAUSE (o).	Carela	7.	nut							1-45
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		underlying cau		1000 10,0	r as a conseou	ENCE OF						1		
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	S O							10 1172 (2111)	PIOEAGE	OK COINE	DITION OF	V [   1     1	T AKT TIO	
1	MEDICAL CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTO	PSY?	20b. 1F YE	S, WER	E FINDIN	IGS USED
7	TF								YES	NOF		FYING :	GAUSES	OF DEATH?
1	CER	210. ACCIDENT WAS	INDERLYING	21b. TIME C			21c HOW IN	JURY OCCURR					RPART 2)	140
	AL	OR CONTRIBUTING		N .	M. MONTH D.	AY YEAR								
	DIG	21d. INJURY OCCU		21e PLACE	OF INJURY		211 LOCATIO	N						
	W	WHILE NOT	WHILE O	AT HOME ST	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET			CITY OR TOV	WN	co	YINUC	STATE
7		220 I certify that	-	ol) ottended th	e deceased from	198	7	10	10	1985		10		h = 1 (1) () ()
Ü		sow the beau	used alive on	1984	19	, and	d that in (my	aur) apinian d	death occurred	on the da	ate and hau	er and f		that (I) (we) last
		775 SIGNI STORE	(did) (did nat)	new the body	ofter deoth.		EGREE						c. DATE S	
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H	04	724 PHYSYCTAYUS	NAME (TYPE OR	PRINT)	7		22e ADDRESS	HYSICIAN	DIRECTOR	PHYSIC	IAN		1- 1	, 0
	-	Kich	HARD L	DIA	Mario		754	, (	hestout	he		R	11 1	1.00011
	23g 8l	URIAL, CREMATION		23b DATE		NAME OF CE	METERY OR C	DEMATORY	23d LOCA1	HON		1)01	/ /	9 441
	15	SPECIFY	,	9/9/8			idge 1		Elkr		Но	wal	ď	Md Maie
		Burial INERAL DIRECTOR		3/3/0	o plea	TWODE	rage 1	250 10	M C'D. BARE	AND R	25K RECLIST	Pho:		Pandell.
	Das	Smond C	Fink	Glen	Burnie	. Md	21061	SE	. 9	905	0	wante	roon-	Interes
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DHMH - 16 50M 1/81 (VRA 15, 4)

Raymond C. Fink Glen Burnie, Md.

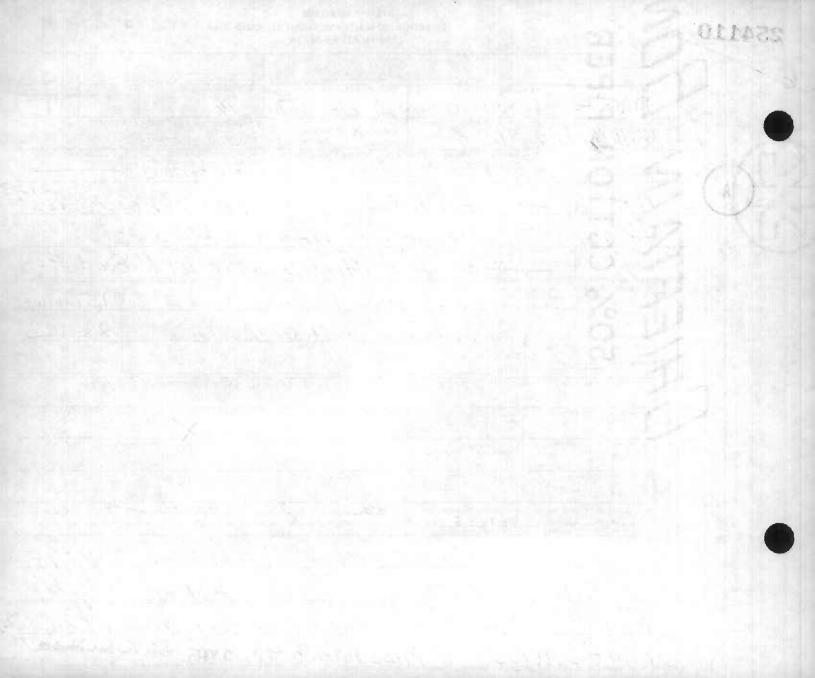
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DIVISION OF VITAL RECORDS.

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may by poster 3	I. DECEASED NAME FIR CHARI		LETBETTER  5. DATE OF BIRTH  MONTH DAY YEAR-	20 DATE OF DEATH MONTH SEPTEMBER 7, 1 6 AGE (IN YEARS LAST BIRTHDAY)	PAS VEAR 26 HOUR PASS 4:15 PASS HOURS VEAR HOURS AND WAS AND WEST
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by the haspin LERAL DIRECTO se detached for State Dept of ANI: If hem 21	22b. SIGNATURE	1. Du Bois	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED 9/7/85
TO HOSPITAL retained by th TO FUNERAL should be dete	220. PHYSICIAN'S NAME	1. Du Bois	220 ADDRESS  JOH  136 NAME OF CEMETERY OF CREMATOR	45 Aspkins	Hospital
BP	24 SUNERAL DIRECTOR	19/13/83	MH. CalvaryC	em. Hine Hrus	STATE OUNT



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Md.			Baltim	ore	YES NO		5509 Kne	11 A	renne	21206
14 FATHER'S NAME					15 MOTHER'S MAIDEN	NAME				
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SIG. ACCIDENT WA	PATION /	196. CONDI	TION FOR WHICH	OPERATIO	N AS PERFORMED		200 AUTOPSY?	20b IF Y	ES, WERE FIND	INGS USED
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210, ACCIDENT WA	S UNDERLYING F	7 216. TIME O	F IN JURY		TIC HOW INJURY OCC	CHRRED				
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ANNIE W	OT WHILE	( )	ter vacion, orrice, in				1			
220 I certify the	et (I) (this hosp	ital attended the	e deceased Iram	3	14 19 8	5	10 9/2		10 23	, that (I) (we) las
		at) view the body		5 .01	nd that in (my) (our) opin	nion dec	oth occurred on the d	ote and he	our and from th	
above, (1) (v	ve) (did) (did no	ot) view the body	after death.		DEGREE					
220 SIGNATUR	4	0 11.	0		ATTENDING	ic.	MEDICAL STA	EE ./	al DAI	SIGNED
U	raum	1- W	ally W	5	PHYSICIAN		DIRECTOR PHYSIC		91	21185
22d. PHYSICIAN	S NAME (TYPE	OR PRINT)			22e ADDRESS	1601	NORTH/WO	LFP	TREET	
	) ARRE	NK	MALE	Y	I down !	100	sus Hos	pile	(	
230 BURIAL, CREMATI					EMETERY OR CREMATO	200	23d. LOCATION	<u></u>		
{SPECIFY[	ON, REMOVAL	ZJO DATE	236.1	WAL OF C	EMETERT OR CREMATO	JKT	CITY OR TOWN		COUNTY	STATE
Burial		Oct.1.	1985 Mo	st Ho	ly Redeemer		Baltimore			Md.
24 FUNERAL DIRECTO	IR		ADDRESS		250	DATER	EC'D. BY REGISTRAR		STRAR'S SIGNA	TURE
MANA			AUUNESS					1 1		-

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept of Health MPORTANT. If hem 21 is

TO FUNERAL DIRECTOR

BP.

Leonard J. Ruck Inc. Baltimore, Maryland

SFP 3 0 1985

in Davidson Randalle

saintener och. Town imper

distinct out of the state of

210-07-1 No. 1 No.

executed yield tent The Later

Louissed J. Ency Inc. Soldinger, Sarvingle

W. PRESTON ST.,

201

DIVISION OF VITAL RECORDS.

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Em	
~	

126. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21228

	REGISTRAR						REG. NO	).		1
		rst /	MIDDLE	LA	IST	1000	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYPI	ANNA ANNA	MA	E	LEUTN	TER		Septembe	er 04	1985	4:05P
1.5E	X	4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 H
	F EMALE	WHITE	3	06	12	1906	79	YRS	ONTHS DATS	HOURS M
	RTHPLACE (STATE OR FOREK	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER	MARRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
N	IARYLAND	U.S.A.		WIDOWE	I XX	ONORCED	BALTIMORE			0115-11-1
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET AD	DRESS)	R OTHER IN	STITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST O		INDUSTRY	OF BUSINESS
-	BALTIMORE ALRESIDENCE (IF NURSING I		ES HOSPITA				HOMEMAKER		SELF	
13a.		COUNTY	136. CITY OR TOWN	1	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS /		ROAD	21228
	ATHER'S NAME	ETTIOLES	Cantonbyin			R'S MAIDEN NA		DIVOD	TON	21220
) 1	ARTIN	WIDOLE	McDONOUGE	H	ANN	ABELLE	MIDDLE		CRAT	
	WAS DECEASED EVER IN L		166 SOCIAL SECUR	ITY NO	17 INFORM	TANT	ADDRE	SS		
7	YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	714-05-68	82	WALTE	R LEUTN	ER 1024 CRA	FTSWX		2122
	Conditions, if ony, wh gove rise to immedi couse (o), stoting underlying couse le	DUE TO, OI  DUE TO, OI  ote the DUE TO, OI  (c)	R AS A CONSEQUENT R AS A CONSEQUENT CONSEQUE	ICE OF	fai dea o	laxe				
NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH'BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH C	PERATION	WAS PERF	ORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDII	
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E	OF DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW	INJURY OCCURI	RED (ENTER NATURE OF INJUS	EY IN ITEM 18 PA	ART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STR	OF INJURY BEET, FACTORY OFFICE, FAR	M EIC )	211 LOCAT STRE		CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) (this saw the deceased a above, (I) (we) (did)		19		d that in (m	, 19 y) (our) opinion	, to death accurred on the do		ond from the	
	276 SIGNATURE	ules.		С	EGREE	ATTENDING PHYSICIAN [	MEDICAL STAF	FIAND	22¢ DATE	SIGNED

BP.

TO FUNERAL DIRECTOR:

should be detoched with the State Dept.

MPORTANT.

DHMH - 16 60M 7/84 (VRA 15, 4)

the burial-transit permit.

8

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

DR. AL MACIULIS

224. PHYSICIAN'S NAME (TYPE OR PRINT)

73c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

COUNTY

MARYLAND

\_, that (I) (we) lost

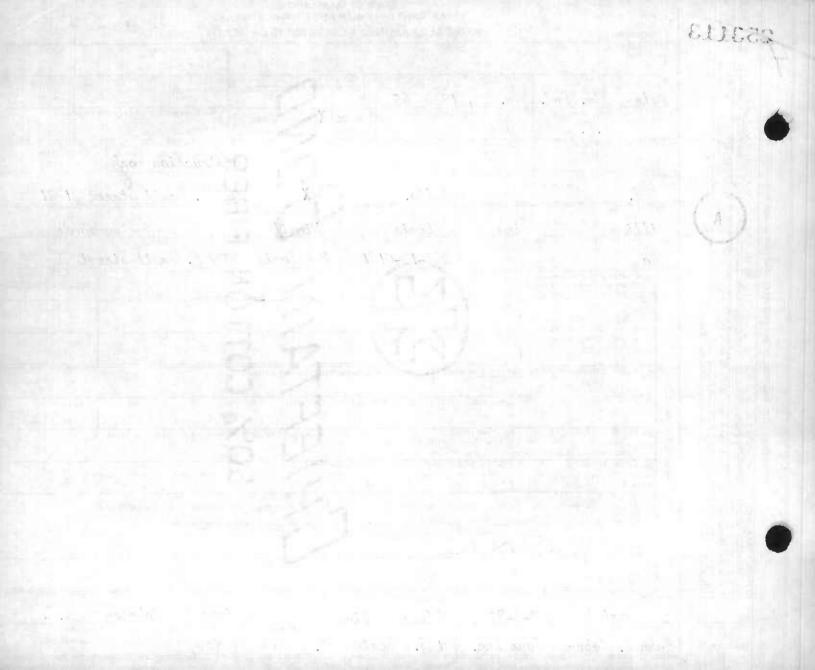
BURTAL LOUDON PARK CEMETERY FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC 4107 WILKENS AVENUE

SEP 6

ST. AGNES HOSPITAL

BY REGISTRAR 25 REGISTRAR'S SIGNATURE 1085 Gulia Davidson - Handale

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	3 SEX		S. DATE OF BIRTH		ARS IF UI	DER 1 YR. IF UNDER	R 24 HRS. 2c DATE			DAY YEAR	2d HOUR
	M	ale Am. In	d. Jan. 26,	1920 65 Y	RS. MONT	HS DAYS HOURS	MIN. PRONOU		9 5	1985	12:22 A <sub>M</sub>
7	7. DI	RTHPLACE (STATE OR	76 CITIZEN OF W		8 MARR	ED X NEVER MARK	RIED 9 BALTIA	AORE CITY OF	COUNTY		11111
-		1.6.	USA		WIDOV		CED 🗆 Balt	imore (			MD.
100	10 CI	TY OR TOWN OF DEATH	LIF NOT IN SUCH F	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTH	IER INSTITUTION	120 USUAL OCCU			OR INDUSTR	SINESS
-		Baltimore LE RESIDENCE (IF IN NURSING H		Pratt St.			Construc				
3	13e. S	TATE 13b. Co	OME OR OTHER INSTITUTION, C DUNTY	136 CITY OR TOWN	ION)	YES NO	13e STREET ADDR	ESS	C.	, 2/22	,
	14.5	Md		Balto.		YES A NO	2022 6.	Prutt	Street	t 21231	
1	THE P	FIRST	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIOOLE	11	LAST	
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	F	18 CAUSE OF DEATH (Ente	er only one couse per lin		0.	The Beac	2 2022 (	- Vacce	1	APPROXIMATE	INTERVAL
		PART I DEATH WAS CA	LICED BY	ypertensive	card	liovascular	disease			BETWEEN ONSET	AND DEATH
3		IMME	DINIE CHOSE (G)	R AS A CONSEQUENCE		110100000					
BALTIMORE, MARYLAND, 21201 PRIORTO BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, w									
		gave rise to immed cause (a) stating the un		R AS A CONSEQUENCE	OF						
		lying cause lost.	(c)	X P 115							
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	¥	WHILE AT WORK AT WORK	STREET, FAI	CTORY, FARM, ETC.)		STREET	CITY OR TO	)WN	COUNTY	4	STATE
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			latural causes X		vicide	Homicide .	Undetermined m		my opinie	311	
		1	00			TITLE (SPECIFY)	Shocierimico III				
		SIGNATURE W	(XX)			Assistant	MEDICAL EXA	AINER	DATE SIGNED	9-5-8	5
7		EVALUACIÓN DE CONTRACTOR DE CO								-1-01	
-		(TYPE OR PRI	Ann M. Dixo			AUDRESS	Penn St.,	Balto	., MD	21201	
	23e.B	JRIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CE			23d LOCATION	. 0 .	COUNTY	II N	ATE
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	9	hn M. Weber	P Cana Chappes	6 401 5 Ch	140-	C+ OF	REC'D. BY REGISTRA		CRAM SOM		
	10	THE MEDER	x JOIOL JIC.	TOI J. CILE	ALER	Je SE	0 1900			1	



	١.	FOR STATE	DI	EPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG	IENE 5	25	258
3123		REGISTRAR	woods	CERTIFIC	ATE OF DEATH	REG. NO	MONTH DAY	0100
m # 15		CEASED NAME FIRST OR PRINT) EVA	MIDDLE	4	JICLewis	20. DATE OF DEATH	9 3	85 11 PM
rr, page 3	3. SE	× _	1. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS
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d with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE	NURSING HOME OR WE STREET ADDRESS	OTHER INSTITUTION	120. USUAL OCCUPATION OF THE O	F ORKING LIFE)	26. KIND OF BUSINESS OF
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pletel comin	134 F/	ATHER'S NAME FIRST Michael		AST	5. MOTHER'S MAIDEN NAM	MIDDLE		Príče
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nave carb atian, ar r traumatic			DUE TO, OR AS A COL	NSEQUENCE OF	ASCULAR	ACIN	TIME	30AVE
by the att ase remay I, crematia ather trau		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A COM		ASCOURT	/ <u>EC</u>		3211/3
Then plear to burial injury, ar	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN I	N PART 1(0)
hos bee permit. ene prio	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDINGS USED G CAUSES OF DEATH? NO []
ficate transifi 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1	OR PART 2)
burial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	RII LOCATION			
s the k	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY.		STREET	CITY OR TO	WN /	COUNTY STATE
DR Aff		22a I certify that (I) (this hasp saw the deceased alive ar	(3) 2	, (2)	19 8 5	to	. 19_	that (I) (we) los
RECTC hed for ept. of tem 21	13	abave, (I) (and (did) (did)	view the bady after death		that in (my) (our) apinion of	death accurred an the do	ite and haur and	22c_DATE SIGNED
of Do			Kkanned	MBBS MR	PHYSICIAN [	MEDICAL STAF	FIANT	9/4/85
should be do with the Sta		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	0.1	ADDRESS	H Kar 1	1 4	
Show with	23a	BURIAL, CREMATION, REMOVAL	123b. DATE	23c. NAME OF CEA	AETERY OR CREMATORY	23d LOCATION	Capillan	
	E	urial	9/7/85	Sacred	Heart Cem	CITY OR TOWN	Baltimo	ore Md
3 30M 2/80 15, 4)	24 F	UNERAL DIRECTOR	A		25a. DATE	REC'D. BY REGISTRAR		
(3, 4)		Jilly & Zeile	er Inc. 700	S. Conkl	ing St. SEP	6 1985	MANARMOR	MA-Nathadam

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

25258 ESIESS. 92 301=112 SMATTAN Nettering trace sight for mapple the letters CATMIE V 25 S. CONTONSKE PARTINE. BURNELLINE SELECTION OF THE SELECTION OF THE SELECTION. L A, RAIEK CERTIFICATION ALCOHOL SOME 27-1-1-28-1-1-37-1-37 CKI ALAN ZONA ASSOCIATION 

# 270021 the funeral director, page 3 d within 72 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

REGISTRAR		CERTII	ICATE OF DEATH	REG. NO			
1 DECEASED NAME FIRS	T MIDDLE		LAST	20 DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
TYPE OR PRINT)  GEN	RALDINE		LEWIS	September	22, 198	5	2:44P N
. SEX	4 RACE	S. DATE (		6 AGE (IN YEARS LAST BIRTH		ER I YEAR	IF UNDER 24 HRS
female	black	MONT	8 29 36	49	YRS	DATS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIG		COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF		EATH	
Md	USA	WIDOW		Baltimore	City		M
CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b		F BUSINESS OR
Baltimore		General Hos	spital	(TYPE OF WORK FOR MOST OF	WORKING LIFE) I INL	DUSTRY	
SUAL RESIDENCE HE NURSING HO		STDENCE BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE		
Md		ltimore	YES XX NO	3484 Dolfie		ue a	21215
FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	TO MICH	<u> </u>	
Poindexter	MIDDLE	lewton	Ruth	MIDDLE E.		And	lerson
WAS DECEASED EVER IN U.		OCIAL SECURITY NO.	17. INFORMANT	ADDRES	S		
IYES, NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	6-34-3335	William Lewi	s 3438 Dolfi	eld Ave	nue	
18 CAUSE OF DEATH (FO	ter anly ane cause per line fo		1	0 0 100 00111			MATE INTERVAL
PART I. DEATH WAS C	ALISED RV	diac arres	+			de i wigeli o	MASE! MIND OF MIN!
Conditions, if any, which gave rise to immedia cause (a), stating the	te )		and hypovole	шца			
underlying couse la		CONSEQUENCE OF					
	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN	PARI 1 a	
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYIN	19b. CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDIN	IGS USED
E C				YES TI NOT	IN CERTIFYING	CAUSES	OF DEATH?
210 ACCIDENT WAS UNDERLYIN			21c HOW INJURY OCCUR			R PART 2)	
OD COLUMNISTICS CALLES	OF DEATH	MONTH DAY YEAR					
(IF EITHER NOTIFY MEDICAL EX.	21e PLACE OF IN.	JURY	211 LOCATION	CITY OR TOV		YINUC	STATE
WHILE NOT WHILE AT WORK	TAT HOME STREET, FAI	CTORY OFFICE FARM, ETC.)	STREET	CITA OK LOA	N	JUNIT	STATE
22n Leastify that (156th)s	haspital) attended the dece	eased from Senter	mber 16, 19.85	septemb	or22.19_8	25 . 1	that (*(we) las
taw the deceased ali	ve on September	2219 <u>85</u> . a	nd that in 💢 (OUT) Opinian	death accurred on the da	e and have and	from the c	couses stated
77% SIGNATURE	V. //	al al	DEGREE		2	Tt. DATE	MGNED /
Kapley	NT (lin	solu	PHYSICIAN [	MEDICAL STAF		9/2	22/85
THE BRYSKIAN'S NAME	THE OF PRINTS	Ack	22e. ADDRESS			1	1
ROBERT	J. CH	APOLINI	c/o Maryla	nd General H	ospital		
30 BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d LOCATION			
Burial	9/27/85	Garriso	n Forest Vet	Owings Mill	4002	YIY	Md

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
William C. March F/H 4300 Wabash Avenue

250 RATE RECO BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 25 1985 Filha Davidson Pandase

275117

STATE OF MARYLAND	6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CEDTIFICATE OF DEATH	

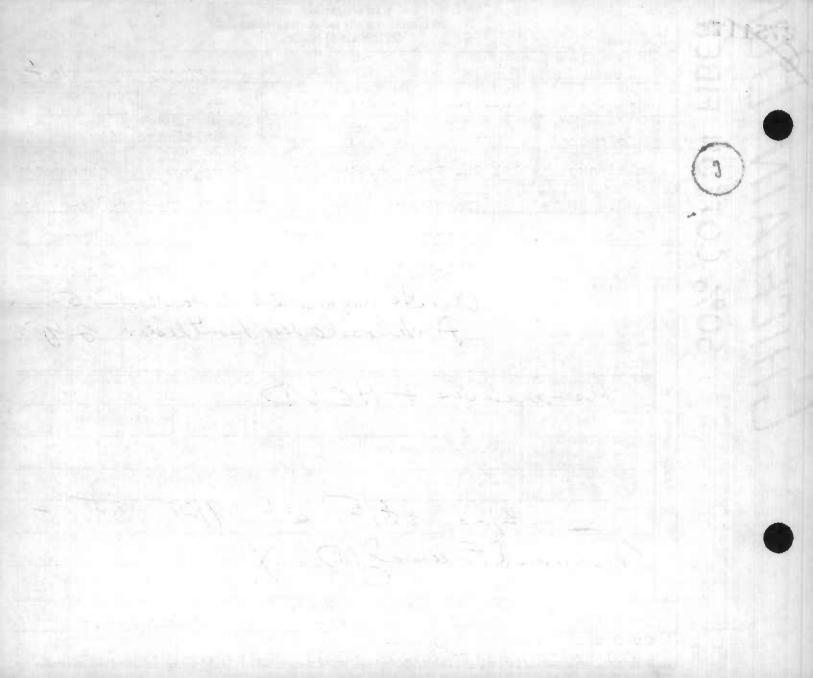
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1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								5 U			
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOU	R		
(1112)	Jean E.	Lewis			9/28/	/85		16	PM		
3 SE	X	4. RACE	5. DATE O		6. AGE   IN YEARS LAST BIRTH	HDAY)	IF UNDER I YEAR	IF UNDER			
H	Female	Caucasian	Api		71	YRS.	MONTHS DAYS	HOURS	MIN,		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	DEN NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH				
	Delaware	USA	WIDOWI		Baltimore City MD.						
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR						
)	Baltimore		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  1101 St. Paul St. Apt. 810				Secretary State of Mc				
USU.		ME OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 13c. CITY O		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	7	120	2		
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14. FA	ATHER'S NAME	WIDDLE	ST	15. MOTHER'S MAIDEN NAM	AE MIDDLE						
	George	L. Mas		Bessie	WIDDLE		unkn	own			
	VAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRES	S		0			
. (	YES, NO OR UNKNOWN) (IF YES		12-6039	William J	. Lewis (	same	addre	ss)			
NOI	DUE TO, OR AS A SONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), thoring, the underlying cause last.  Due To, OR AS A SONSEQUENCE OF  Due To, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
IFICAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORME	200 AUTOPSY? 206. IF YES, WERE FI			JSES OF DEATH?			
MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this h	FDEATH HOUR A.M. MONT	DEFICE FARM ETC.)	211. HOW INJURY OCCURRI		Y IN ITEM TS P	COUNTY	NOst	TATE		
	saw the deceased alive an										
	226. SIGNATURE  226. PHYSICIAN'S NAME IT	PE OR PRINTS	eman &	PEGREE ATTENDING PHYSICIAL	EDICAL STAFF DIRECTOR PHYSICI.		22c. DATE	SIGNED			
23a E	SURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION						
C	Cremation	9/30/85	Gree	enmuont	Baltim	ore,	Md.	51	ATE		

BP. DHMH - \$ 60M 7/84 (VRA 15, 4)

24 FUSEPHERMAN Funeral Home Inc. 3331 Brehms Lane, Balto., Md.

21213



**其行的** (1)

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### FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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po	1.	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N			1 16	
		DECEASED NAME FIRST		MIDDLE		1/	AST	Ter Drive Or Deriving			DAY YEAR	2b. HOUR		
	MARIA				J.	LIA	DAKIS		Septer	mber	5, 19	985	7: 10A	
	3. SEX	X	O THER	4 RACE		5. DATE O		VEAD	6. AGE (IN YE	ARS LAST BE	RTHDAY)	MONTHS DAYS	HOURS MIN	
	]	Female	100	White		6	ız	35	50		YRS.			
40		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	DE NEVER	MARRIED -	9 BALTIMO	RE CITY O	OR COUNT	Y OF DEATH		
1		Greece		Greece	е	WIDOWE		VORCED	Balt:	imore	e City	7		
		ty or town of Baltimore		SPITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS) INGS TOWN AVENUE							126. KIND OF BUSINESS O INDUSTRY FOOD			
£	13a S	al RESIDENCE (IF P STATE aryland	136 COUN		GIVE RESIDENCE BEFORE	N	13d. INSIDE (	NO [	130 STREET A		gstown	Avenue	21222	
ď	14 FA	ATHER'S NAME Antoni	Los	MIDDLE	Fotinos			s maiden na first rene	ME	MIDGLE		Kalo	geros	
-		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			216-80-2	isecurity no. 13 informani 30–2959			is, 6735 Youngstow Baltimore, Md.			wn Aver	m Avenue 21222	
		Canditions, if a gove rise to cause (a), st underlying ca	ony, which immediate oting the	DUE TO, O	R AS A CONSEQUE	NCE OF	VCIAC	mg						
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DISEASE									IDITION GI	VEN IN PART 1	(0)	
7	CERTIFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED					DRMED	20a. AUTOPSÝ?  20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE/ YES NO  NO						
7	MEDICAL CER	218. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	ER) P.M. 19			21c. HOW IN	JÚRY OCCURI	RED (ENTERNAT	URE OF INJU	IRY IN ITEM 18.	PART I OR PART 2)		
	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK  210. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)						T T		CITY OR TO	)WN	COUNTY	STATE	
		220.1 certify that (1) (this haspital) attended the deceased fram												
		22b. SIGNATURE	Cherd	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					22c. DATE	ESIGNED				
		Rich	ind T.	Jones			John	s Hoph	Kins Ou	ucole	94 (	enter &	BoH. M	

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TO FUNERAL DIRECTOR: After

should be detached far us with the State Dept. af He IMPORTANT: If Hem 21 is

Burial

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH-16 30M 2/80 (VRA 15, 4) Ann Swe Matthews, Matthews Funeral Home 3021 Eastern Avenue, Baltimore, Md. 21224

9-7-85

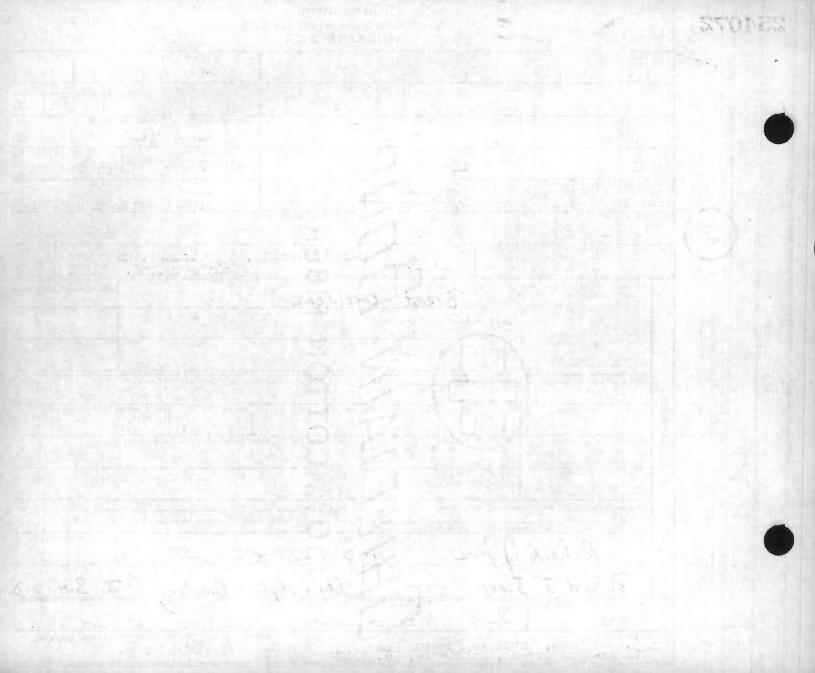
Oak Lawn Cemetery

23d LOCATION Baltimore

Baltimore

Md.

SEP SECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CARE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 259193 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-9-10-85 LILLER DEATH MATED JUNIOR Fillmore 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 9-10-85 4:21P Feb. 3 1919 Male White 66 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED KINEVER MARRIED EIGN COUNTRY Baltimore City USA Kewser. Va. WIDOWED DIVORCED IL CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Grinder Center Francis Scott Key Med. Steel Mfg. Baltimore RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore 9 Branch St. Essex 21221 NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Liller Guy Nash WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16h SOCIAL SECURITY NO. IYES NO. OR UNKNOWN) LIE YES GIVE WAR OF DA 233 05 Mary C. Liller, Wife Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH AS CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 22a I certify that took charge of the remains described above, held an Autopsy Inquiry ond in my opinion death resulted Suicide Hamicide L Undetermined monner Natural causes TITLE (SPECIFY) DATE 9-11-85 Assistant 111 Penn Street EXAMINER'S NAME Dennis F. Smyth, M.D. . . . TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 234 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Gardens of Faith Cemetery Baltimore Co., Md. morial 07/84 25M 74. FUNDAL DIRECTO **DHMH - 17** Pureral Hope PA 1407 Old Eastern Ave (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAN REG. NO 20. DATE KNOWN X DECEASED NAME MONTH DAY (TIPE OR MINT) EST1-9-20-85 DEATH MATED RUTH N. LILLY 4. RACE & AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED :24A 9-20-85 Female White 8 31 23 62 DEAD TE BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGH COUNTRY) Baltimore City USA West Virginia WIDOWED DIVORCED 五日の 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Waitress 3606 PAine Street Baltimore 21211 PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 2 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 1136 COUNTY Baltimore 13e STREET ADDRESS Maryland 3606 Paine Street 21211 YES X NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Homer Nicola Dove Poling 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 220-14-6885 Elnora Lilly 3606 Paine Street 21211 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, ( lying cause last. BURIAL DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) obesity CERTIFICATION 190 DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIQR TO BURI YES NO Y 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autapsy Inspection and in my apinion Inquiry death resulted frame Hamicide Undetermined manner Accident Suicide TITLE (SPECIFY) ACTUAL DATE 9-20-85 Assistant SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73r NAME OF CEMETERY OR CREMATORY STATE Burial 9/24/85 Meadowridge Mem. Park Baltimore Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. 21211 Gilia Davidon Bandette (VR A15 ME (5))

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	18-22a 10/9/85 I		ATE OF MARYLAND	100	
1 - STATE			HEALTH AND MENTAL		200
145 REGIST			NER'S CERTIFICATE	KEO. 110.	
I. DECE ASED		WIDDLE	LAST	OF ESTI-	H DAY YEAR 26 HOUR
3. SEX  MAAT  7. BIRTHPLA  FOREIGN CO  MAR	RAYMONS	6.	LINDEMANN	DEATH MATED 0	5 19 85
3. SEX /	4 RACE 5. DATE C		EARS IF UNDER 1 YR. IF UNDE	ER 24 HRS. 2c. DATE MONTH	
MALZ	11/4/TE DAT	31 1946 38	DAY) MONTHS DAYS HOURS	PRONOUNCED DEAD 9	5 19 85 7:25
70 BIRTHPLA	CE (STATE OR 7h CITIZE	N OF WHAT COUNTRY?	10	9 BALTIMORE CITY OR COLU	
FOREIGN CO	UNTRY	5 1	MARRIED NEVER MAR	RIED U	
	OWN OF DEATH II NAME	OF HOSPITAL, NURSING HOM	WIDOWED DIVOR	RCED   Baltimore City	
IN CHI OK I	(IF NOT	IN SUCH FACILITY, GIVE STREET ADDRESS	the Washing Links	FOR MOST OF WORKING LIFE!	OR INDUSTRY
	imore Sout	th Balto. Gen.	Hosp.	ELECTRICIAN	160V1
130 STATE	ENCE (IF IN NURSING HOME OR OTHER INST	ITUTION, GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21224
MARZ	UND	BALTIM	ORE YES NO [	635 SI SIREE	PER ST.
14 FATHER'S	NAME	LACT	15. MOTHER'S MAI	DEN NAME	LAST
AI	OLPH LIN	DEMANN	HELEN	CHOTMANKA	17701
160. WAS DE	CEASED EVER IN U.S. ARMED FORCE		TY NO. 17. INFORMANT	ADDRESS	2 1 . 0
V=	TALAVY	31	ADFLE	GRIEWALSKI 929	J. CURISY J.
18. CA	USE OF DEATH (Enter arry ane cous	se per line for (a) (b) and (c)	11021100		APPROXIMATE INTERVAL
PA	RT I DEATH WAS CAUSED BY:	Artoriogalo	rotic cardiova	coular disease	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (	E TO, OR AS A CONSEQUENCE		scurar ursease	
Co	anditions, if any, which	E 10, OK AS A CONSEQUENCE			
		(b)			
	ng couse last.	E TO, OR AS A CONSEQUENCE	OF		
	( )	(c)			
	THER SIGNIFICANT CONDITIONS CONTRIBUTING	TO GEATH RUT NOT RELATED TO THE TE	MINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
<u> </u>					
19a. D/	TE OF OPERATION 196	. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
					YES NO [
21a. EX		. TIME OF INJURY OUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
S CONTI	RIPUTING OR CAUSE OF DEATH	P.M. 19	"		
0 21d IN	ILIRY OCCURRED 21e	PLACE OF INJURY (AT HOME.	211 LOCATION		
X WHILE	ORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	OUNTY STATE
			TV TV		
220	I certify that I taak charge of the re-		Autopsy X, Inspect	ion . Inquiry . ond in my	opinion
deoth	resulted from: Natural causes	X, Accident ,	vicide, Hamicide	Undetermined monner,	
ACTUA	MAC	2	TITLE (SPECIFY)		0 5 05
SIGNA		VXD	<sub>M.D.</sub> Assistan	MEDICAL EXAMINER SIGN	9-5-85
EXAMI	NER'S NAME Ann M	Nyon M D	111	Penn St., Balto.,	MD 21201
(TYPE	OR PRINT) Ann M I	Mxon, M.D.	ADDRESS	reili Sc., Batto.,	
230 BURIAL,	REMATION, REMOVAL 236 DATE	234 NAME OF C	METERY OR CREMATORY	23d LOCATION / CO	OUNTY CA STATE
EXAMI(TYPE C	RIAL EPT.	1985 JT. STA	NISKAUS (EMETI	FRY PALTIMORE	MD.
FUNERAL NAME	DIRECTOR	Louis H	25a. DAT	REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
KA-IM	WA h. KANZARAWI	(112525 FL)	FT JT. CEE	1 0 100E my lavidos	n-Randalle



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trate be executed within 24 haurs offer death rage 4 may be	incon and completely filled in by the funeral director, page 3 pers. Pages 1 and 2 should be filed within 72 hours after death al.
n 24 haurs ofte	filled in by the
executed within	and completely
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR				CERTIF	ICATE OF	DEATH	REC	6. NO			1	et.		
		CEASED NAME	FIRST		MIDDLE	L	TZ		20 DATE OF DEAT	H MONTH	ZZ	VEAR 85	26. HOU	~ 1		
	3 SEX			4. RACE Whit	e	S. DATE C	of BIRTH	1909**	6 AGE (IN YEARS LA	T BIRTHDAY)	MONTH	IDER I YEAR				
2		RTHPLACE (STATE OR	FOREIGN	O CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE WIDOWE	_	R MARRIED DI	9 BALTIMORE CIT			DEATH		MD		
7	1	ry or town of deal timore	ATH	(IF NOT IN SUC	HOSPITAL, NURS H FACHITY, GIVE STRI	EET ADDRESS)	OR OTHER IN	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Sun Paper—Sterio—typing								
2	13a S	Md.	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE ADMISSION)  136 CITY OR TOWN  136 INSIDE CITY LIMITS?  YES NO				13e STREET ADDRE	SS / ZIP C	ODE						
)		THER'S NAME FIRST George		AIDDLE	Litz EAST			r's MAIDEN NA FIRST Isabe]	lle		P	LAS atter				
		VAS DECEASED EVER ES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	215-03-									RVAI DEATH		
	7	Canditions, if any gove rise to impedie cause (a), stating underlying cause	mediate ng the lost	DUE TO, OF	EN DOG	OVASCUL DUENCE OF ARDITU	S	ED TO THE TERM	MINAL DISEASE OR C	ONDITION	GIVEN I	V PART 1	a			
	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	INCE		WERE FINDINGS USED ING CAUSES OF DEATH?				
	MEDICAL CERT	210. ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DEAT	P./	M. MONTH M.	DAY YEAR	RED (ENTER NATURE OF			ORPART 2)	NO L					
	MED	21d INJURY OCCUR	HILE	21e PLACE (	OF INJURY EET, FACTORY, OFFIC		21f. LOCAT		CITY	OR TOWN		COUNTY	5	STATE		
		22a. I certify that (1) saw the deceas above (11) we)	-	0		95		) (aur) apinian	death occurred an ti	e date and	haur and		causes sta	we) lost ated		
		226. GIGNATURE	ue B	KII-La	Herman	nú	DEGREE		MEDICAL DIRECTOR PH	STAFF	,	PIZ DATE	SIGNED 22/5	25		
		CHRISTI			APFERM	an ma	MER	7.7.0	TTAL .501	ST PA	ruis i	PLACE	E. BA	щo.		
		URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION CITY OR TOW	И	cos	UNTY		STATE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If the

Cremate 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

Sept. 24, 1985 Westview Memorial Catonsville Balto. Md.

1250 Safe Sector By Registrar 25b. Registrar's Signature

1 Catonsville Balto. Md.

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ARTMENT OF HEALTH AND MENTAL HYGIENE 🔾

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	REGISTRAR				CEKITE	ICATE OF DEATH							
	1 DECEASED NAME FIRST			MIDDLE	Ł	AST	20 DATE OF		DAY	YEAR	2h HOUR		
1	Ali	ce	Elizabeth			vingston	Septe	ember 7,	1985	985 5:4			
	3 SEX	SEX 4. RACE			S. DATE C	OF BIRTH	6 AGE (IN YE	IF UND	ER 1 YEAR	IF UNDER 24 HRS			
	Female	White		June	25,1912 YEAR	73	YRS	MONTHS	DATS	HOURS MIN.			
	TO BIRTHPLACE (STATE ORF	OREIGN	75 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
5	Maryland	U.S.	A.	WIDOWE		Baltimore City							
1	10 CITY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKING		12b. KIND OF BUSINESS OR INDUSTRY			
2	Baltimore		Good	Samaritar	n Hosi	pital	House	ewife	3 (PE) INL				
		ING HOME O		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	112 STREET AL	DDESS / 7ID CC	)DE				
3	Maryland	-	-	Baltimo		YES X NO	3015	DDRESS / ZIP CO	Ave	21	234		
	14 FATHER'S NAME		MIDDLE	1467	J-NE	15 MOTHER'S MAIDEN NA	ME	WIDDIE			13 12 1		
	Thomas		MODIC	Lacey		Clara		WIDDLE	Dra	yer			

N. N	O	(IF TES, GIVE WAR OR DATES)	213-28-5717	Mr John G Livingston	Same As 13e
		H (Enter only one couse por AS CAUSED BY IMMEDIATE CAUSE (or		panest	APPROXIMATE INTERVI BETWEEN ONSET AND DE

17 INFORMANT

Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

166 SOCIAL SECURITY NO

ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO M 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC AL EXAMINER P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE

220 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive or and that in (my) opinian death occurred on the date and have and from the causes stated

DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

22d PHYSICIAN'S NAME ITYPE OF PRINT

23a. BURIAL, CREMATION, REMOVAL

(SPEBurial

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

6919 Harford Rd

23d LOCATION CITY OR TOWN

Baltimore, Maryland

STATE

STATE

Dulla.	L		9,	/10/85	St	John's
24 FUNERAL DIRECT	OR					
Leonard	J	Ruck	Inc.	Baltimore,	Ma:	ryland

23b DATE

Anil Sanghrea M.D.

Baltimore Hydes Md BY REGISTRAR 256. REGISTRAR'S SIGNATURE IN CORRE

nould be deta PORTANT BP. (VRA 15, 4)

CERTIFICATION

MEDICAL

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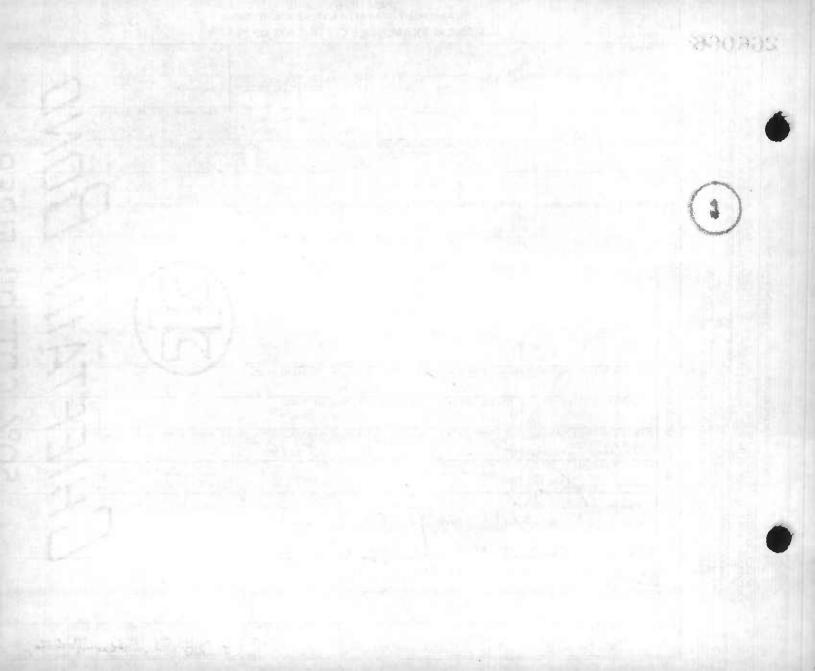
or He

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84



200 bass to per production of the state attend instruction of the state .da adval months acid flores tino. In the contract of the second of the s West of the state printy and line of Second Second Lies when the second the second the second sec Many and the second of the sec



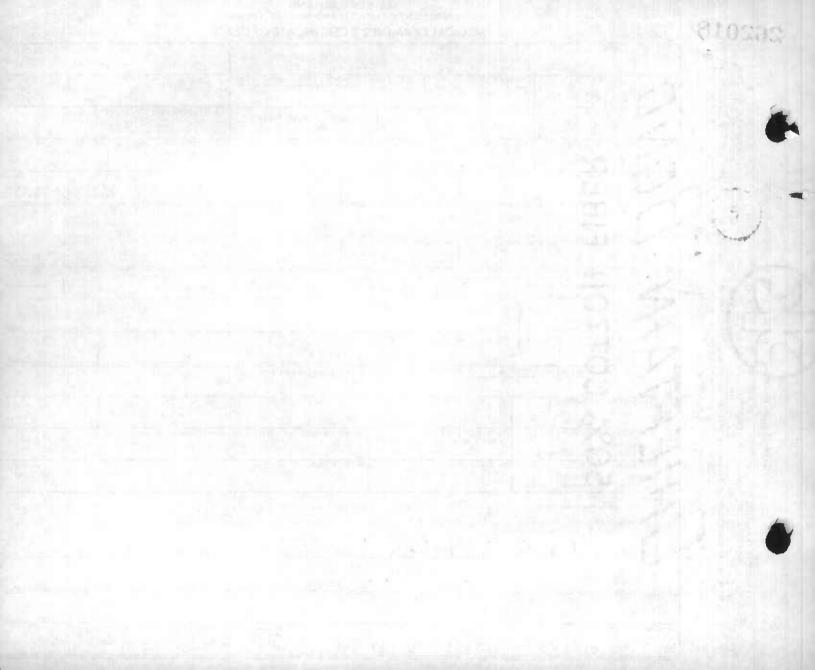
and the second			STATE OF MARYLAND										
268104	1 - 3	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF		in .	5 4	1 60				
1			MIDDLE			7	REG						
1.		ASED NAME FIRST			LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR			
5.8		Marie	Anna		Logue		Line Billion	9	19 85	M			
	3. SEX		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	# UNDER 1 YEAR	R IF UNDER 24 HRS			
4 99	F	emale	White		5 13	VEAR 04	80		MONTHS DAYS	HOURS MIN.			
2 10	Zn BIRT	HPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	3 13	04		YRS	V OF BEATH				
6 TE DE	CO	INTRY	USA	COONIKI:	MARRIED   NEVER	MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City						
8 11-60		Maryland				IVORCED							
1 11 100		OR TOWN OF DEATH			CHOME OR OTHER INS		120 USUAL OCCUP		12b. KIND	OF BUSINESS OR			
1 13 10	В	altimore	3456 Hier	ory Av	enue 21211	Housew:	lfe	" C)					
2 51 5	USUAL 13a STA	RESIDENCE (IF NURSING HOME CATE 136 COL											
2 43 15		ryland		ltimor	e YES X	NO	3456 His			21211			
4 44 1		HER'S NAME				'S MAIDEN NA		JIIOL J I	TV CITAC	2-2			
1 19 5		John	WIDDLE	leber		ria	WIDDI		(unk	nown)			
1 12	14 3414	S DECEASED EVER IN U.S. A				70000		DECC					
1 25 4		NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	Commercial				DRESS		1211			
2 15 5		No	2.1	5-30-9	225 Mrs.	Cather	Ine Beall	1353 W	eldon A	ve:			
A SERE	1	CAUSE OF DEATH (Enter of	anly ane cause per line fo	(a), Ib), and	(C )	1 5		1 1	APPRO. BETWEEN	XIMATE INTERVAL			
c \1		PART I. DEATH WAS CAUS	ATE CAUSE (a)	ASpira	ition of	194 )	tomache (a	they					
18 JEE 2	1	9110		50000000	ICT OF		_		-				
		Canditians, if any, which	DUE TO, OR AS A		ul reverce	elar	1) Keese		18	415			
2 2 2 2 2		gave rise to immediate	(b)		-0100 900		())		-	/			
2 22 4		cause (a), stating the underlying cause last.	derlying cause last.										
4 1000			(c)										
and o the	z	ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO D	EATH BUT NOT RELATE	D TO THE TERM	NINAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	(0)			
1 1 1 1	TION												
1 11000	CAT	L DATE OF OPERATION	F OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED				70s. AUTOPSYT 20s. IF YES, WERE FINDINGS U						
25 201 1	EL						TES NO	YE	es []	NO 🔲			
33 351 20		ACCIDENT WAS UNDERLYING	before the second of the secon		YEAR NEW IN	NJURY OCCUR	RED (ENTER NATURE OF P	CLARY DA CROADER	FUEL LOS PART TO				
20 13119	4	OR CONTRIMITING THE CAUSE OF DE	William Co. No. of the last of		19								
E 2 2 2 2 2 /	DIGSW	ME ENJURY OCCURRED	JIs PLACE OF IN		ZII LOCATI		T-90100	2250 H	100000				
Di tion		D MAN CON D MAN D	LAT HOME STREET, FAI	TORN DIRECT PA	MA, ARE I	f-10	CITY OR	I A	COUNTY	MAIR			
No 4 00 8 9		Is I certify that I'll (this hasp	inti onesial de dece	mand from		The state of	8/ 9/	17	85	Mario Tarres Contractor			
A 1 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日		ig te decreased alue a		19	83 and that in Imv	(out) opinion	death occurred on the	date and bru	u and how the	mur (II (we) fort			
4 0 1 1 1 1 7	1	gbove, (I) (we) (did) did n	at hier the ody after	feath.		North Marine	Assimilar and a secure	SIGN ON THE		- Division of			
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五年 4年 4	-	( Comer )	1 Men	y	- management	PHYSICIAN	DIRECTOR PHY	ICIAN [	C. Charle				
PEUNE PEUNE	1 1	CHYSICIAN'S NAME TTYPE	OR PRINT)	1	22+. ADDRES	55	71	1 1					
A 0 0 1 0 1		Kundudl	· Diamo	nc	3	114	hostni	A Tu	we -	11515			
FF 2213	23a BUF	RIAL, CREMATION, REMOVA			AME OF CEMETERY OR	CREMATORY	23d LOCATION	7					
BP	(SPE	Burial	9/23/85		rraine Park		Balti	more	COUNTY	STATE Dark			
	24 FUN	ERAL DIRECTOR								Maryland			
DHMH - 16 50M 4/83 (VRA 15, 4)	A.	Alan Seitz,	Jr. 3818 Ro	land A	ve. 21211	S	EP 23 198	5 Guna	wavidson	i-Mandelle			
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1.		STATE		ME	DICAL EXA	MINED'S	CERTIFICATE	OF DEA	TH	five		-	
202040		REGISTRAR		1712		WIII VER	CERTIFICATE	OI DEA		REG. NO			
~30040		CEASED NAME FI	IRST		WIDDLE		LAST		a. DATE K	NOMN X	MONTH	DAY YFAR	26 HOUR
14 m of 90 m	1000		HARLES		XA		COHMEYER .	10	OF DEATH A	AATED	9	25 19 85	
<b>社会研究</b>	2000				14.			JK			MÖNTH	DAY YEAR	M
# EE-25	1.90	RACE	MO MO	ATE OF BIRTH			INTHS DAYS HOURS		RONOUNC	ED	MONTH	DAT TEAR	2d HOUR
*7588F	11	ale That		2-30-	. /	3 4RS.	DATS HOURS	Wild	DEAD	LU	9	25 1985	5:45
1 37570	VH	THE PARTY OF	11.0		HAT COUNTRY?	) yans.		1	O BAITIMO	PE CITY O		Y OF DEATH	- ///
BRXE A	FO. PO	RTHPLACE ISTANCE.	100	7	IAI COUNTRY	° MA	RRIED   NEVER MA	RRIED -	. Unit line	AL CITT O	COOM	TOFDEATH	
SESE		hel		11.1	4.	WIDE	OWED DIVO	RCED D	Balti	more	City		AAD
	18. CT	TY OR TOWN OF DEATH	11. 6	NAME OF HOS	PITAL NURSING	HOME OR C	THER INSTITUTION	12e USU	AL OCCUPA	TION (TYPE	OF WORK	12h KIND OF BU	SINESS
> 三五分無望()	1		(	F NOT IN SUCH FA	CILITY. GIVE STREET AT	Doecel	2 /	FOLN	OST OF WORKI	NG LIFE)	1	OR INDUSTR	RY .
507	1	Baltimore	2	516 St	rathmore	Ave.	21214	100	sent	10	1	Orrsinuc	lin
0.229		L RESIDENCE (IF IN NURSING	HOME OR OTHE	R INSTITUTION, GI	VE RESIDENCE BEFORE	ADMISSION)		Cu	1				- 101-0
8 29588	13a. 5	TATE   13b. (	COUNTY		13c eny OR TO	WN .	136. PASIDE CITY LAWITS	13e STRE	ET ADDRES	8			
2 人名英古奇		- put.			( ) all	more	YES NO	25	16 6	SAEI	emose	e lese.	212/4
9 3000	14. FA	ATHER'S NAME					15. MORHER'S MA	IDEN NAME					
1 5 mag ( )	1	Jest h	MID	O SE	LAST	1	Bloom !	-	WIE	DIF		> LAST	
¥ (EB+ ₹% —	10	shall of	. 1	anne	yer, A	1.	Marios	ch		0			
W STAN	160. V	VAS DECEASED EVER IN U	.S. ARMED F		166 SOCIAL SE	CURITY NO.	17. INFORMANT			PORESS	hep.	21040	
E EA. 88	10	Una (1)	S. GIVE WARD	MODES!	211-16	7-25-2	al hant	0 0	0	. ()	1 61	0	Luce
A SPECT		744	un	WIN	16-7-		gares of	7. 12	mene	0 91-	J Wife	arrivod	10 10 10
_ 3×≥-A	V"	18 CAUSE OF DEATH (Er	nter anly ane	cause per line	far (a), (b), and (	c).)	V		V			APPROXIMATE BETWEEN ONSET	
E SASSA		PART I DEATH WAS C			Alc	coholis	m					CC / TC /	
5 XEGES		IMM	AEDIATE CA	, ,	AS A CONSEQU	ENICE OF							
E-18-18-18		The second second		DUE TO, OR	AS A CONSECU	ENCE OF							
# 15 E 3 3 F W		Canditions, if any,		(b)									
· 陈为完全分别		cause (a) stating the			AS A CONSEQU	ENCEOE					100		
E # # # # # # # # # # # # # # # # # # #		lying cause last.		DOE TO, OK	AS A CONSEGO	LINCE OF							
55 200			(	(c)				10.4.15					
AARAGE D		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED TO	NE TERMINAL DIS	EASE OR CONDITION GIVEN IN	PART Lin		14	-		
8 9 5 5 X EX	Z												
CAAAAAA BO	FICATION												
ETRATA	13	190. DATE OF OPERATION	4	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED?					20 AUTOPSY?	
₹ 68±84g	1 ×											YES X	по П
2 200 35 3	1	210. EXTERNAL CAUSE W	A C	21b. TIME OF	T INTUINA	Las	110111111111111111111111111111111111111						NO []
0 571080	1 2		A3		MONTH DAY	YEAR ZIC	HOW INJURY OCCUP	RED (ENTER N	ATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PAR	RT 2)	
N SHOOKS	1 4	UNDERLYING OR	SE OF DEATH			19							
DIVISION OF S. CETTFICATE RITING THE W REED TO THE REED THE WASHING OF PRIOR TO	1 ×	214 INJURY OCCURRED			OF INJURY TATH		LOCATION						
E DEBUG	#		IE O		TORY, FARM, ETC.)		STREET		CITY OR TOWN	4	COL	INTY	STATE
SES AND SES	1	AT WORK AT WORK		1									
T NA STR		The second second second				-	<b>(7</b> )		-				
数年の発生者		220 I certify that I taak	charge of t	he remains des	scribed above, he	d on Au	opsy K Inspec	tion L,	Inquiry	, and	d in my ap	inian	
MAN STATES	1	death resulted fram:	Natural cas	uses X	Accident .	Suicide	, Hamicide	, Undete	rmined man	ner .			
■ SEGRETA													
\$ 5 B B B B B B B B B B B B B B B B B B		ACTUAL MA	-(2	M			TITLE (SPECIFY)				DATE		
<b>₹</b> ₩₩₩₩₩₩₩	1	SIGNATURE	W/I	LXI			M.D. Assista	ntMEDI	CAL EXAMI	NER	DATE	D 9-26-8	35
2000年で8	1	17	-	/									
MAN CONTRACT	1	EXAMINER'S NAME	Ann M.	Dixon	, M.D.		111	Penn	St., E	Balto.	, MD	21201	
OBSOET-	-	(TYPE OR PRINT)					ADDRESS			_		-	-
EDSEAD	230.B	URIAL, CREMATION, REMO	VAL 23b. DA	ATE	2357NAME	OF CEMETER	OR CREMATORY	23d LO	CATION	0	986	m - / w	16.
07/04 Pp 2 70	1 -2	Luciali	9-	30-195	1 301 1	in Ma	wil Hard	1/20	Par	11	1.	an h	0.
07/84 BP	54.70	UNERALIDIRECTOR		1100	12 1	0 0	The same of the sa	TE REC'D. BY	DECISTRAD	123h #150#	TRABISE	CONATURE .	_
DHMH - 17	17	nume / L		ADDRESS	Date . M.	1/2/2	2.3 250. DA	TE REC D. BT	REGISTRAK	1	1000	- Initiality	
(VR A15 ME (5))	1745	de / Corna	1 1	of The	901	Valle	- SelliT	02 10	25	Re. x			

and an early

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2018	1 - :	FOR STATE									74	2 3	La 1	drag
014		REGISTRAR CEASED NAME	FIRST	MEI		EXAMINE	K 3 CI	AST	AIE			EG. NO.	'H DAY YEA	R 25 HOUF
6		OR PRINT)	FRΔ	NCISCO	т	1	OPES			191		FD 79-1		i i iii
	I SEX	14	RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	s IF UND	DER 1 YR.	IF UNDER	24 HRS.		MONTH		AR 2d. HOUI
	ма	le	Black		99	100		DAYS	HOURS	MIN,	PRONOUNCED DEAD	9-1	3-85 19	9:35
7	7a. BII	RTHPLACE ISTA		76. CITIZEN OF WH	DATE OF BIRTH  AND YEAR AGE IN TAKEN   FUNDER 1 YR   FUNDER 24 HBS   20 DATE   MORNIN   DAYS   MORNIN   DAYS									
	P	ortuga		Spain	n						Baltim	ore Cit	У	M
1		Baltimore		11. NAME OF HOS										
													1	
5	13a S1		13b. COUN		13c. CITY	ORTOWN	1	3d. INSIDE CI	TY LIMITS?	I O I	8 East	20th	Stree	t21218
	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDEN NAME MIDDLE LAST						
-	14a \A	AS DECEASED	EVER IN U.S. ARA	MED EODCESS	144 500	CIAL SECURITY	NO.	7 INFORM	AANT		Ar	IDRESS		
	(YE	known		WAR OR DATES)						Lone			20th	Street
	OII		DEATH (Enter and	ly one couse per line	1		. 4 3/1	144	10.	Борс		Edbe	APPROXIA	AATE INTERVAL
		PARTIDEA	TH WAS CAUSED	DBY: Ar	terio	sclerot	cic c	ardic	vasci	ular	disease		BETWEEN O	NSET AND DEATH
8	15	IMMEDIATE CAUSE (d)												
KEW			, if any, which											
5			ta immediate tating the under-	( - /	AS A CON	SEQUENCE OF	F			-,(1)	1			
		lying cause	e last.	(0)									No.	
	7	PART 2 OTNER SIGI	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELA	ATED TO THE TERMIN	AL DISEASE	DR CONDITION	GIVEN IN PA	RT 1 (a)	45-75			
5	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR	WHICH OPERA	TION WA	S PERFOR/	MED?				2D AUTOP	SY?
-	IFIC												YES [	NO K
2	CERI	21a. EXTERNAL				DAY VEAR	21c. HO	W INJURY	OCCURRE	D (ENTER N	NATURE OF INJURY IN	ITEM 18 PART 1 OR		
3	CAL		G CAUSE OF E	DEATH P.M	,	19							-11/7/	
	MEDICAL	21d. INJURY O	CURRED	STREET FACT							CITY OR TOWN		COUNTY	STATE
	2	WHILE AT WORK	AT WORK		, , , ,									
	15	22a. I certify		emerters.	cribed abo	ave, held an	Autopsy	, .	Inspectio	n .	Inquiry X	and in my	apınian	
	1	death resulted	fram: Natur	al causes X	Accident	, Suic	ide 🔲,	Homic	ide .	Undete	ermined manner			
		ACTIVAL	Wous	15 A.	U	10						0.17		0.5
		SIGNATURE_	Meny	TO JUK	JAC		M.[	Assis	stant	MEDI	ICAL EXAMINER	SIG	NED 9-13	-85
4		EXAMINER'S N	Mar Mar	garita A.	Kore	e11,M.D		DDRESS.	11 Pe	nn St	treet			
		JRIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. 1	NAME OF CEM			ORY	23d. LO	CATION		OUNTY	STATE
	(5	BURIAL		9/16/85	Ne	w Cath	nedr	al C	em.	Bal	timore	2,	Md	• STATE
	24 FL	UNERAL DIRECT	OR	ADDRESS							1			
	Wm	C Mar	ch F/H	Inc. 11	01 E	North	AV	enue	SE	P 16	1985	was way	asan-Naria	AUCE.
(5))	Wm	C Mar	ch F/H	Inc. 11	01 E	North	1 AV	enud	OL	1 1	1303		1-10	migration and



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

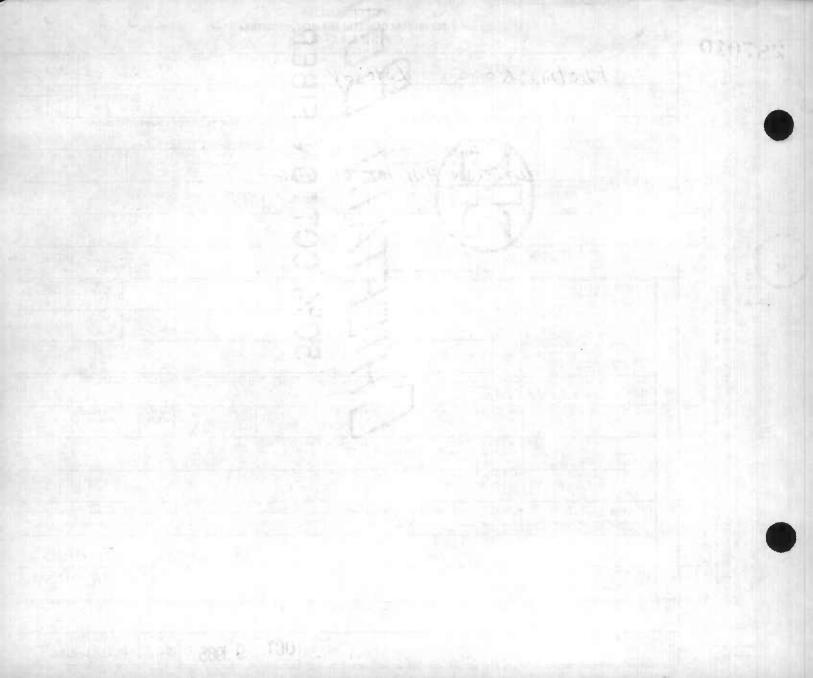
PER. PH. CALL

FOR

(VRA 15, 4)

aconas by otherway 91-2185 Additionaled stentime Josh Browning (1) X 1/23/8/S

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	1-	STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. NO	Date:		
4065		CEASED NAME FIRST JOHN	MIDDLE	Lows	ast LLY		MONTH DA	5 85	26 HOUR 5.554
ect rs all	3 SE	NAIZ	A. RACE CAUCASIAN	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	FUNDER TYEAR	IF UNDER 24 HR
Poor 26		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAA DDIEI	NEVER MARRIED	9. BALTIMORE CITY OR		OF DEATH	
on 7		MD	U.S.A.	WIDOWE		BALTIMOR	E CITY		1
21 27	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>		R OTHER INSTITUTION	12a USUAL OCCUPATIO		12b. KIND OF	BUSINESS
11	13:11:	BALTIMORE	MERCY HOSPITA	L					
136	13a S	MD 136 COUN	OTHER INSULUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW  BALT IM	'N 1	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		21	120
GDV/	4 FA	THER'S NAME FIRST	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	- 1
			LECATES LOWRE		DELLA				TATR
Pool of A	. (	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 216-12-6		JANE FOBART	ADDRES  4418 BRITTA		E.C.	210/3
physic roope moral		PART I. DEATH WAS CAUSED	y one couse per line for (0), (b), one BBY: E CAUSE (a), CASTROIN		VAL BLEEDIN	Je		BETWEEN	LOWE
l by the uttendicose can bl, crimitation o		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) RUPTUM  DUE TO, OR AS A CONSEQUE	2. OF	GASTLOINTEST	INAL TRACT	-	24	hous
n signed b Then pleo r to buriol, injury, or o	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART Iro	
hos been t permit. I permit. Ows ony i	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES (	
certificate rial-transiental Hygin Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA-		AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)	
s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F.	ARM ETC )	2 If LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
TOR. Af for use a of Health 21 is mo		22a. I certify that (I) this haspit saw the deceased alive an abave. (I) (we) (did ) (did not	of ottended the deceased from	9.14 , an	d that in (my) (aur) apinian d	to 9.15 death accurred on the dat	e and haur c		hot (I) (we) lo
AL DIREC detoched ote Dept VI: If Hem		226. SIGNATURE	Mcli. la gens		ATTENDING PHYSICIAN	MEDICAL STAFF	MAN	22c. DATE S	IGNED
should be deto with the State I		22d PHYSICIAN'S NAME (TYPE OF	JBOU-UNFESTA	Muras	MERCY HOS	PITAL BAL	-TIMOV	25 M	۵.
ST S W		URIAL, CREMATION, REMOVAL		IAME OF CE	METERY OR CREMATORY	23d LOCATION	-13	EOUT A	MD
		PEMATTON INERAL DIRECTOR	9/16/85 WES	STVIEV		CATONSVII		BALTO	er out
- 16 60M 7/84 (RA 15, 4)		TACK FINERAL HO	ADDRESS ETT.TC	BOX 26	58 TTY, MD 21043	FP 1 0 1085	DE GISTRA	TARIS SIGNATU	Binde

there ... . support to the entry of the thirty of the (1/-)

DECEASED NAME  AMOS  H. LUCAS, SR.  1 SEX  Nale  White  White  S. DATE OF BIRTH  DOT  THANK  NAME OF INVERTISENT AND STREET ADDRESS.  MARPHED OF INVERTISENT AND STREET ADDRESS.  MARPHED OF TOWN OF DEATH  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12 STATE  BRITHMORE CITY OF TOWN OF DEATH  13 STATE  BRITHMORE  U.S.A.  WIDOWED  DIVORCED  BRITHMORE  INVERTISENT AND STREET ADDRESS.  MARPHED OF TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IT WIS STATE  BRITHMORE  USUAL RESIDENCE (IF MUIS NO HOME OR OTHER INSTITUTION OF WISHOUT GETTER ADDRESS.)  HE FATHER'S NAME  IT WIS STATE  WOOL  HE FATHER'S NAME  HENTY  Adam  Lucas  Mary  IT WIS STATE THANKS CAUSES OF THE STATE OR FORES?  WIS WAS DECEASED EVER IN U.S. ARRED FORES?  WIS WAS DECEASED OF U.S.	REG. NO	2	252/8												
15=21						]		SI	R.	20 DATE OF D	EATH ^	9		-	HOUR 4 DA
Am 4 mg color parties of						5.	MONTH					YRS	MONTHS L	EATH  MD.  I KIND OF BUSINESS OR DUSTRY  School  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  PART 110  EF FINDINGS USED CAUSES OF DEATH?  NO  PRART 2)  That (1) (we) lost from the couses stoted  2c DATE SIGNED  S/14/87	
10 to	1	COUNTRY	DREIGN 7			٨	ARRIED A	EVER MARR	IED 🗆			COUNT		H	AAD
of the control of	10 C	TY OR TOWN OF DEA	TH I	11. NAME OF	HOSPITAL, N	URSING H	OME OR OTH	ER INSTITUT	;	12a USUAL OG	CCUPATIO OR MOST OF	N WORKING L	IZE KIN	TRY	
RA	USU 13a	AL RESIDENCE (IF NURSINGTATE		OTHER INSTITUTION	13c CITY OF	E BEFORE ADM	ISSION)	SIDE CITY LI		13e STREET AD	DRESS /	ZIP COD	DE		
	14. F/	THER'S NAME			_		15 MC	FIRST		1 /				LAST	
Pog example of the control of the co	16a V	VAS DECEASED EVER I	( IF YES, GIVE						cilia	V. Luc	addres		as #	13e	
rtificate { 3 physicia an papers emovol.					r line far (a), (	(b), and ic	noi	1 47	fare	tuin			BEIN	PROXIMA WEEN ONS	E INTERVAL ET AND DEATH
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Baltimore, Md.

Leonard J. Ruck, Inc.

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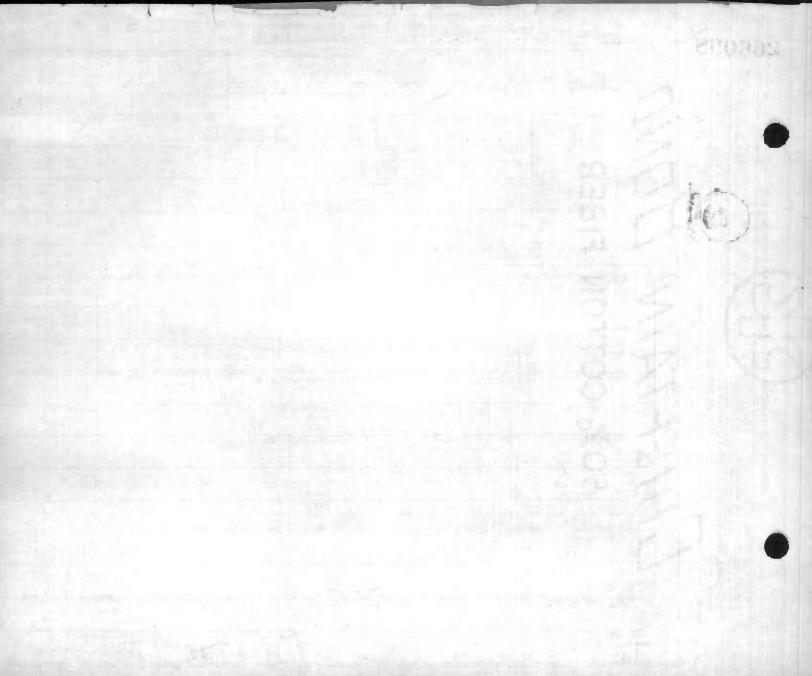
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Lounned J. Buck, Inc. - And Clamers, No.

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NUMBER 7a, III. ALI



1. DECEASED NAME

ROBERT

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MABRY

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9:5: 85

26. HOUR

9:15 AM

REG. NO.

MONTH

20. DATE OF DEATH

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	HYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	ding physician.	as certificate has been signed by the attending for the property filled in by the funeral director, page 3	burial-transit permit. Then please remove contain any or half of 3 should be filed within 72 hours after death	Mental Hygiene prior to burial, cremation, arrangement
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hour le	0-		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.			9 BALTIMORE CITY		OF DEATH	
n 72	XS		Virginia	U.S.		WIDOWE		MARRIED -	Balto.	City		
the for	-	10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C			12a. USUAL OCCUPA	ATION	12b KIND O	F BUSINESS (
y the	44	A	BALTIMONE		FACILITY, GIVE STREET A arles Ger		en		(TYPE OF WORK FOR MOS			-1
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a de la	0				Mabry			rlotte			Crawfo	rd
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and a pled			PART 2 OTHER SIGNIFICANT		VTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
The The		ON	PNEU	MONIA								
n. hos bee permit ne pric	9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH (	OPERATION	WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
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Spito CTO			sow the deceased alive on above, (1) (we) (did) (did no	t) view the body o	fter death.	, on	d that in (my)	(our) opinion o	deoth occurred on the	date and hour	and from the	couses stated
hos hos hed ched bept.			22b. SIGNATURE	/			DEGREE				22c. DATE	SIGNED
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. e = + ≥ ≥			SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	METERY OR	CREMATORY	23d. LOCATION			
BP			Removal	9/5/8	5				CITY OR TOWN		COUNTY	STATE
HMH - 16 60M 7	/BA	24 FU	NERAL DIRECTOR					25a DATE	REC'D. BY REGISTRA	R 256 REGISTR	ARSSIGNATI	Randoll.
(VRA 15, 4)	54		Anatomy B	oard	ADDRESS	Balt	. Mo	a. SE	7 1 1 1900	gunar	him/apple	1

Balto., Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)



	1 - S'	OR TATE EGISTRAR ASED NAME FIRST		DEPARTI	MENT OF P	E OF MARYLAND HEALTH AND MENTAL HYCFICATE OF DEATH	REG. NO.	DAY YEAR	26 HOUR
th. Page 4 may 52	(TYPE OR		FRANKI		Mack		September 13, 19	85	10 a.
	3 SEX	Water to the	4 RACE		S DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
		NIRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	Baltimore City or count	Y OF DEATH	
the lune	10 CITY	RYLAND ORTOWN OF DEATH altimore	11. NAME OF H			ED DIVORCED A	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS
24 hours	USUAL R	RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE  136 CITY OR TOW  BALTIM	E ADMISSIONI	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP COI	Ť. 212	02
od within		ER'S NAME FIRST ARLES MACK	MIDDLE	LAST		CLEMEE CH	RISTOPHER	·	AST
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low requires is been signed ermit. Then ple e prior to buric s ony injury, or	NO	ART 2 OTHER SIGNIFICANT  DATE OF OPERATION			7	I NOT RELATED TO THE TERM		ES, WERE FINE	INGS USED
CIAN: The straight of the stra	10	ACCIDENT WAS UNDERLYING     CONTRIBUTING	ATH HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 16	PART I OR PART 2	NO [
ottending tter this ce as the buri h and Me	WEDIC	MILE NOT WHILE NOT WHILE NORK	O1 21e PLACE			211 LOCATION	2/12/4	COUNTY	5/47
ATTENDII aspital or ECTOR. A d for use it of Healt		saw the deceased alive a above if (we) (did) (d.)	9/13	185 19-	1/.		death occurred on the date and h	State of the State of	
PITAL OR by the h ERAL DIRI e detache State Dep ANT: If the	/	B SIGNATURE	els,	n. Me	2	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	9	13/8
o HOSPITAL etained by the TO FUNERAL should be det with the State	6	W.B. Dar	web (	To.		Union Memo	rial Hospice,	Balto.	2121
Bb E # 3 8		HAL, CREMATION, REMOVA	236 DATE 9-18-	85 23c. 1	ASTV	EMETERY OR CREMATORY	23d LOCATION BAUTPMORE M	A ROVAT. A	VD STAT

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. "C". March F/H 1101 E. North AVERESS

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269065	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	5 2 5 2
. e.£	I. DE	CEASED NAME FIRST	MIDDLE	LAST	10. DAIL OF BEATT	985 8 A M
oy b	2.66	Georg		Mack III		FUNDER LYEAR IF UNDER 24 HRS
4 P B	3 SE	Male	4 RACE White	September15 19		AONIHS DAYS HOURS MIN.
Oth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		itv
y the	1	TY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE South Balti	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT	MD.  126 KIND OF BUSINESS OR INDUSTRY
filled in the		AUGOUL			32 130 STREET ADDRESS / ZIP CODE 1113 Tall Pin	es Dr. (2/157
mplesely	/_	ATHER'S NAME FIRST  Orge  Robe	MIDDLE LAST  Mack	15. MOTHER'S MAIDEN FIRST  Dawn	Michelle Sol	loway
Poges Poges	160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) n/a	URITY NO. 17 INFORMANT Theodore	Dworkowski Wes	Tall PinesI tminster Md.
the death certifice the attending phy remove carbango emotion, ar remove rer traumotic event		Conditions, if ony, which gave rise to immediate cause (a), stating the	ly one cause per line far (o), (b), o D BY: "E CAUSE (a)	JENCE OF PM	maturity	
ow requires that been signed by mit. Then please prior to burial, or any injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE T		EN IN PART TO  , WERE FINDINGS USED YING CAUSES OF DEATH?
hos hos	ERTIFIC	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OC		NO []
SICIAN: TI ng physicic certificate uriol-transit ental Hygis frem 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (	DAY YEAR 19		
ottend ottend iter this sythe bi hond M	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDIR pitol or TOR: Af for use of Health	100	sow the deceased alive an	tal) attended the deceased from.  19 1) view the bady after death.		nian death accurred on the date and havi	19, that (I) (we) last and from the causes stated
At OR A At OR A At Directed detoched one Dept		22b. SIGNATURE	er, ad.	DEGREE ATTENDIN PHYSICIA		221. DATE SIGNED 9-15-F7
TO HOSPITA TO FUNERA Should be dea with the Stot		22d PHYSICIAN'S NAME (TYPE OF	WA MP.	22e ADDRESS		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) burial	9/17/85 H	oly Cross Ceme	tery Brooklyn	COUNTY STATE A.A. Md.
DHMH - 16 50M 4/83		UNERAL DIRECTOR	4001 Ritch	ie Hwy. 250	DATEREC D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	I G	eorge J. Gond	ce Baltimore	Md. 21225	SEP 2 4 1985	muricion-pandelle

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DIVISION OF VITAL RECORDS.

1/	IT'EM NUMBER 7a, PER. PH. CALLSTATE OF MARYLAND  1 FOR 10-8-85 D.W. DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 2 5 2 8
277028	1 - STATE CERTIFICATE OF DEATH REGISTRAR WINFIELD MACKERT
7)	I DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
oy be	WINFIELD MACKERT. 9-29-85 5AM
a bo	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HRS
age 4 rectar	MONTH 7 DAY / YEAR 99 86 YRS. MONTHS DATS HOURS MIN.
2 20 2 E	76. BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
death 7	MD USA USA WIDOWED DIVORCED Balt, more City MD.
1 1 1 30 A	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. VIDEN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
201	Baltimore Mt. Vernon Care Center Clerical al Bank
bot i hou	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  THE STATE 136 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE
ANG . 24	Md.   Bolt, Mare YES & NO 1 3425 Woodstock Ave.
RYL HA	14. FATHER'S NAME FIRST MIDDLE LAST  15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
AM be and a	John W. Mackert, Sr. Katherine Glock
dico dico	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN)   18 YES, GIVE WAR OR DATES)
TIME of	/No -  217-14-1115 William Mackert, same address
BAL cate	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I, DEATH WAS CAUSED BY.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	(MMEDIATE CAUSE (o)
on the corbing carb	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF
deo deo atte	Conditions, if ony, which (b) (b) (b)
the the rem	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
thot d by ease ol, c	underlying couse lost.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ratherding physician.  When this certificate has been signed by the attending physician and company in the please remove carbon papers. Pages that and Memal Hygiene prior to burial, cremation, ar removal.  In and Memal Hygiene prior to burial, cremation, ar removal.  arked or them 18 shows any injury, ar other traumatic event, the medical earth remaining the contractions.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ORD red red y ini	100 DATE OF OPERATION   100 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO     YES   NO
REC.	IN CERTIFYING CAUSES OF DEATH?
VITAL N: The cate hy const p Hygien 18 show	YES NO YES NO TENTE TO THE OF INJURY 10 TO THE OF INJURY 10 TO THE NATURE OF INJURY IN THE MEDIAN TO THE NATURE OF INJURY IN THE NAT
Physical Phy	AND
NO Ing Ing Cert Cert Cert Cert Cert Cert Cert Cert	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
ISIO PH tend the b and A	THE PLACE OF INSIDET  ATTEMPT OF TOWN  COUNTY STATE  THE CONTROL OF TOWN  COUNTY STATE
Afre of the or o	AI WORK AI WORK
POR OR:	22a.1 certify that (1) (this hospital) attended the deceased from
ATT OSPITO OSPIT	abave, (h) (we shid) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED
OR DER	ATTENDING MEDICAL STAFF 9/20/2
by the by the by the by the by the by the best detection in the be	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2224 PHYSICIAN NAME (TYPE OR PRINT)
O HOSPITA TO FUNERA should be d with the Sta	RUBEN RENDER MO. 7445 A FURNACE BRANCHRA
TO HOSP retained TO FUNI should bi	
	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial 10/2/85 Baltimore Cemetery, Balto., Md.
BP	
DHMH - 16 50M 4/83	And I want I wan
(VRA 15, 4)	3331 Brehms Lane, Balto., Md. 21213 0CT 1 1985 Guha Davidson-Mandale.

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DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

STATE OF HIGH LEWIS									
EPARTMENT OF HEALTH AND MENTAL HYGIENE	U								
CERTIFICATE OF DEATH									

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84.10	~	600	19	20

		REGISTRAR		CERTIF	ICATE OF DEAT	TH	REG. N	0	16000	
6		CEASED NAME FIRST	Erwin, MIDDLE	Clark M	ahannah	20. D	ATE OF DEATH		DAY YEAR	26 HOUR
1		Enwi		Mał	nannah			9	7 85	10:45mm
	3 SE	x -	4 RACE	5 DATE C		YEAR 6 AG	E (IN YEARS LAST BIF	PTHDAY)	MONTHS DATS	IF UNDER 24 HRS
W.		Male	White	3	3	09	76	YRS		
4		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	DE NEVER MARE	RIED 9 BAI	TIMORE CITY C		asa.	
14		Iton, N.Y.	U. S. A	• WIDOWE		CED 🗆	Balt	imore	City	
0	B	altimore	St. Agne	s Hospit	al	Gu Gu	idence	Coun	diler-	-
75	USU.	AL RESIDENCE I IF NURSING HOME OF	NTY 13c CIT	Y OR TOWN	13d INSIDE CITY L		REET ADDRESS	/ ZIP CODE		2122
1			timore Ca	tonsvill		2 9	South	Beec	hwood	Ave.
30	) 12	William J	John Mah	annah	Marga.		WIDDLE		Clark	1
0	160 \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO		17 INFORMANT		eechilo?			tonsvil
1		WAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES) 497	-20-1757			Mahar	nah-		21228
		18 CAUSE OF DEATH (Enter o	inly one couse per line for i		~	, 6	1011 De			MATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUS	ED BY: TE CAUSE (a)		Ja	1. 71	ruch			
	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO	THE TERMINAL D	ISEASE OR CON	IDITION GIV	EN IN PART II	0
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORME		AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	OF DEATH?
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1	_	OR CONTRIBUTING CAUSE OF DE	AIII	ONTH DAY YEAR	FELLES					
	EDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	RY	211 LOCATION	THE RES			COHNTY	
	¥	WHILE NOT WHILE	(AT HOME STREET, FACTO	DRY, OFFICE, FARM ETC )	STREET		CITY OR 10	- A	COUNTY	STATE
		778 I certify that the this hosp	nital) attended the Deceas	sed from	10	9 78 10		0	19 85	that (we) lost
	33	sow the deceased live of			nd that in lay (our)	opinian death o	ccurred on the d	ate and hav	r and from the	couses stated
		77% SUSNATURE	Jun dry		DEGREE ATTEN	NDING MED	OICAL STA	FF TIAN [	220 001	SIGNED
1		22d PHYSICIAN'S NAME	D XE	200	22e ADDRESS					
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	9/10/85	Loudon	EMETERY OR CREM	emeter	LOCATION  CITY OF TOWN  Y-Balt	imore	. Nar	yland
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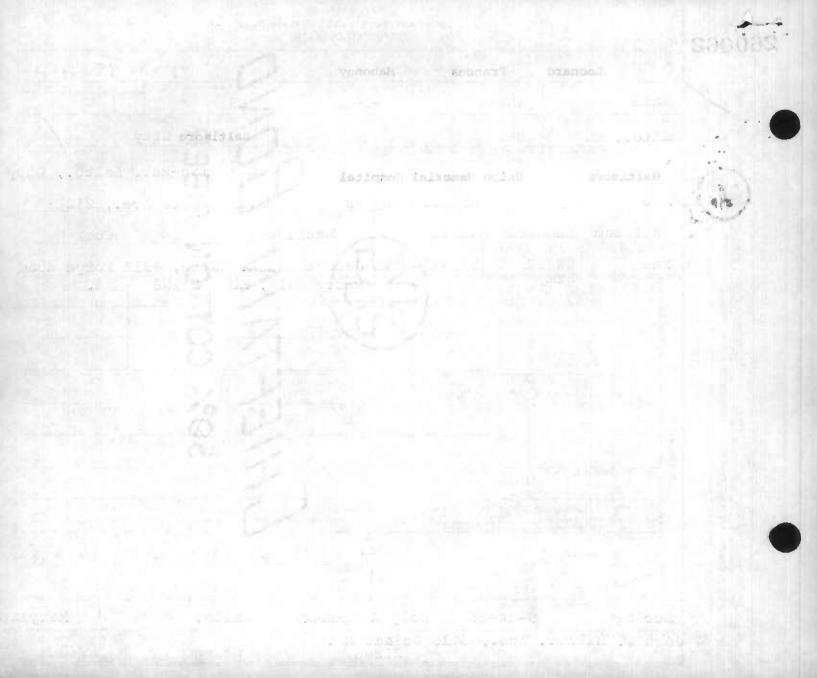
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	00	ter as t
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	R A	DIRECTOR. After this certificate has been signed by the ottending physician and famples. This is a tribing 72 hours ofter accepted for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 1
	OR ATTENDING PHYSICIAN The low requires that the deoth certificate be executed within 24 haurs ofter deoth. Page 4 ma he hospital or ottending physician.	00

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 85

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.				
		CEASED NAME FIRST	MIDDLE		ţ	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	(TYPE	OR PRINT!	EN T		M	ALLICK	Septembe	r 8.	1985	125AM		
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR			
		Female	White		June	20, 1895	90	HOURS MIN.				
7		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
1		Iran	USA		WIDOWE		Baltimore City					
_	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA			PROTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINE					
		Baltimore	214 North		Duc 22)		Proprie			Industry		
L	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		YORTOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
1		MD		Balto	•	YES X NO 1	214 North	way,	, 21210			
2	I4.FA		Ackers	LAST		Shaker	WIDDIE	Case	perian	51		
,		WAS DECEASED EVER IN U.S. AR		CIAL SECURI	ITY NO.	17 INFORMANT	ADDR					
	t)	YES NO OR UNKNOWN) (IF YES, GIV	216	38 2	938	Patricia A.	Mallick,	Sa	me			
	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A (	ONSEQUEN	ICE OF	sular di		IDITION G	IVEN IN PART 1	la .		
7	CERTIFICATION	190 DATE OF OPERATION	. 196. CONDITION FO	OR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	S OF DEATH?		
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	21c. HOW INJURY OCCUR	YES NO X		PART 1 OR PART 2)	№ □		
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU			21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
		220 I certify that O(this haspi saw the deceased alive above O(we) (did) (find p			10- 6, ar	d that in (aur) apinian	death accurred on the c	P late and ha	, 19 8 3	that (we) lost		
		E Hunty l	Vilson,	from			MEDICAL STA	CIAN	9-	1		
		Dr. E. Hunte	n Wilson	In	AAD	Medical Srt	Batto.,		2120°			
	23n B	BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR CREMATORY	23d LOCATION	101 V	v. Red	u JL.		
	1	(SPECIFY) ntombment	9/11/85			ne Mausoleur	CITY OR TOWN	,	COUNTY	MD STATE		

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR.

24 FUNERAL DIRECTOR (VRA 15, 4)

Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - manin , implett

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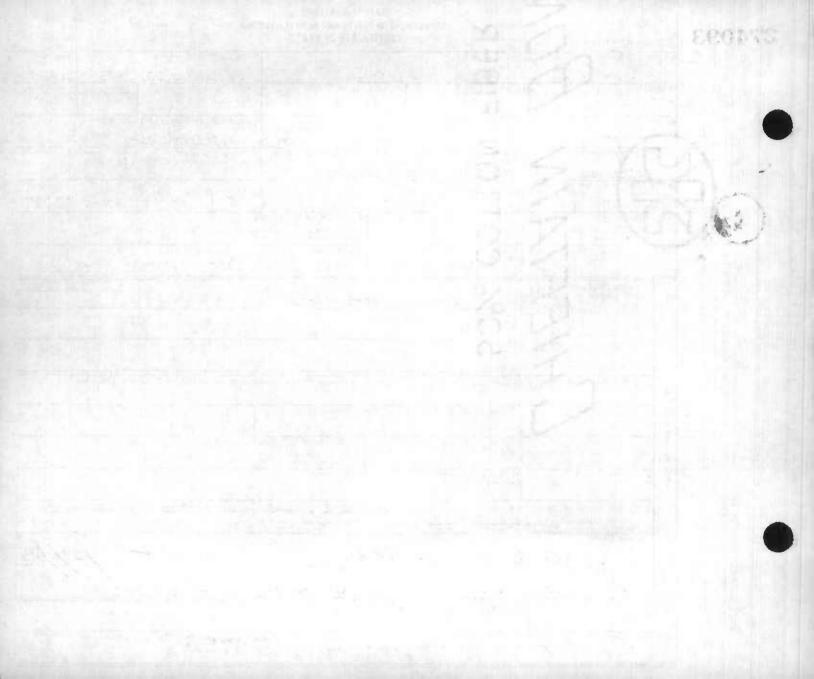
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retained by the hospital or attending physician regards from the outendance of executions are decirily operations. The hospital or attending physician or or of the function of the function of the function of the function of the functions of the function of the functio	10 10 10 10 10 10 10 10 10 10 10 10 10 1	The life in by the funeral director. page 3	Annual be filed within 72 hours after death	
retained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He	or otherday obysicion	After this certificate has been signed by the attending physician and	e as the burial-transit permit. Then please remove carbon papers. Pages	alth and Mental Hygiene prior to burial, cremation, or remayal
	retained by the hospital	TO FUNERAL DIRECTO	should be detached for	with the State Dept. of F

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

	REGISTRAR				CERTIFICATE OF DEATH REG. NO.							
	DECEASED NAME FIRST MIDDLE					AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
TITPE		anes			Ma110	oru	35.14	Septembe	r 23,	1985	3:41	PM
3. SE			4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER	24 HRS MIN.
	Female	4 De-	Bla	ck	MONTH	0 19	O1	83	YRS.	MONTHS DATS	HOURS	MIN.
	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVERMA	PRIED []		Y OF DEATH	1		
	aryland	N/F	U.S.	Α.	WIDOWE		ty	y MD				
10 CI	TY OR TOWN OF DEA	ATH		OSPITAL, NURSIN		OR OTHER INSTIT	UTION	12g USUAL OCCUPAT		126 KIND C	F BUSINE	SSOR
	Baltimore			and Gener		ospital	10.5	(TIPE OF WORK FOR MOST	or woming t	(irt) IIIOUSIKI		
	AL RESIDENCE (IF NURS	1136 COUN		GIVE RESIDENCE BEFORE		1134 INSIDE CITY	Z I IAAI I S 2	12- STREET ADDRESS	/ 7IP COD	)E		
	aryland	-	-	Baltim		3.7	40 🗌	827 Arli	ngto	n Ave.	212	17
14. FA	THER'S NAME	5157	MIDDLE	LAST		15. MOTHER'S A			-			
	Daniel		MIDDLE	Curtis		Ella	3	MIDDLE		LA	51	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	Т	ADDR	ESS			
(	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	158-09-	1166.	A Dianr	n Casi	h 2402 Pi	cker	ing Dr	iveA	pt.
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line far (a), (b), and	d (c				11/1	BETWEEN	ONSET AND	VAL DEATH
	PART I. DEATH W		E CAUSE (0)	Ischim	ic Hea	art Dise	ase					
			DUE TO OF	AS A CONSEQUE	NCFOF	100						U.S.
	Conditions, if any,	, which	(b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	gave rise to improve couse (a), statis		DUE TO OF	AS A CONSEQUE	NCEOE							
	underlying couse	lost.	(c)	AS A CONSCOR	THEE OF							
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CON	IDITIONG	IVEN IN PART 1	0	
O												
MEDICAL CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORA	MED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED	) H2
TIF								YES NO		ES [	NO [	
CER	21a. ACCIDENT WAS UNI	-	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJU	IRY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)		
CAL	OR CONTRIBUTING []		in .		19	12 6						
EDI	214 INJURY OCCUR	RED	21e. PLACE (	OF INJURY	A DAA ETC \	211 LOCATION	1	CITY OR TO	OWN	COUNTY	SI	TATE
2	AT WORK AT WO	MILE	(A) HOME, STA	CELLIFACIONI OFFICE FA	KKW EIC)							
	22a. I certify that X	(this hospi	tal) attended the	deceased from _	Septe	mber 19,	19_85	to Septemb	er 23	19_85	that (IX)	ve) last
	saw the deceas	ed alive on	Septemb	per 23,19_	85, or	nd that in ( $XX$ a	ur) apinian d	death accurred on the a	ate and ha	our and from the	couses sto	ited
	226. SIGNATURE			0		DEGREE				22c. DATE	SIGNED	1
	60	ge	E 7	ever	m.		YSICIAN [	MEDICAL STA	CIAN	19/	24/	85
	228 PHYSICIAN'S N.	AME (TYPE O	RPRINT)			22e ADDRESS				/	//	
	Jorge	Ferre	r, M.D.			C/0 M	Marula:	nd General	Hospi	tal		
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CR	EMATORY	23d LOCATION				
Bı	rrial		9/30	/85  Ce	dar :	Hill Ce	emete:	ry Annewa	rund	elººco,	Mđ	ATE
	INERAL DIRECTOR						250-DAI	FREST BY MENTEN	256. REGIS	JAAR'S SIGNA	TURE	1636
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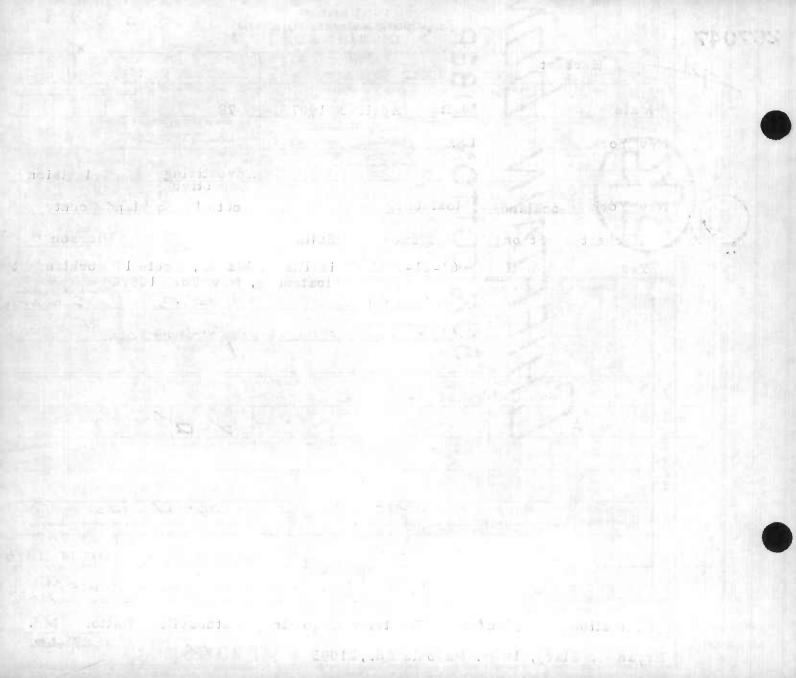
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DHMH - 16 60M 7/B4

(VRA 15, 4)

Film G608 item 12a,b, STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME FIRST MONTH DAY 2b. HOUR (TYPE OR PRINT) 20 IF UNDER 24 HR IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Correction Office 13e.STREET ADDRESS / ZIP CODE 21216 Arre MIDDLE Smith ADDRESS Walter W. Malloy Jr 419 Scott Street about 24h PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 221 DATE SIGNED STAFF DIRECTOR | PHYSICIAN COUNTY STATE Burial 9/18/85 Baltimore National Cem Md 24 FUNERAL DIRECTOR William C. March F/H 4300 Wabash Avenue

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	PILES PILES REET	3. SE	X	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEA			IF UNDER	24 HRS. 2	DATE		9 5		2d HOUR
	NECESSARY, PLEASE UNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,	1	male	black	9 30	35	49 YR	Mortin		HOURS		RONOUNCED		9 5	1985	7:32 A M
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	HOAR C		altimor		street-15	500 b	lk. Sch		St.			b Drive			anspo	
21201	20 May 5		AL RESIDENCE TATE Md	(IF IN NURSING HOME (	OR OTHER INSTITUTION, GIV	113c CITY	BEFORE ADMISSION OR TOWN		13d INSIDE CITY	Y LIMITS?	13e STRE	et address Paysor	n Stre	et et	212	17
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BALTIMORE,		16a \	WAS DECEASE ES, NO. OR UNKNO	D EVER IN U.S. AR	MED FORCES?		CIAL SECURITY		17 INFORM		100		DDRESS		A	
ALT	JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION		No	, , , , , , ,		422-	-38-455	0	Dorot	hy Ma	alone	626 Pa	ayson	Stree	t	- 1503
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PRESTON ST	HIN 24 HOU LIN ITEM 18 R ALONG V VSIT PERMIT HYGIENE, I EMOVAL.	100	CARTIDE	IMMEDIA	TE CAUSE (0) GUI				chest	and	neck	(unspe	cifie	d wear	pon)	
EST	ALIN 24 IN ITE ASIT PE HYGIE	12	Condition	ns, if any, which		AS A CON	SEQUENCE C	OF						12.0		
	WITH WCIL INER RAL R RE	2	gave ri	se to immediate	(b)											
201 W.	XAM XAM N. O	3	lying cau	stating the <u>under</u> ese last.	DUE TO, OR	AS A CON	SEQUENCE C	OF								
5,2	SECULIAR DE LE CONTROL DE LA C		PART 2 DINER CI	CHIEFFANT CONDITIONS	(c)	UT NOT BELL	TER TO THE TERM	INIAL DICEASE	00 (00)							
RECORDS,	HOULD BE EXECUTED WITHIN 24 HRP "PENCIL IN TEMPLE "HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL "FRANKIS PERO OF HEALTH AND MENTAL HYGEN OF HEALTH AND MENTAL HYGEN INIAL, CREMATION, OR REMOVAL.	Z	THE PURIL OF	AUITICAUT CONDITIONS	CONTRIBUTION TO DEATH I	OI NOI KELA	CIED IO THE TERMI	INAL UISEASE	UK CUNDITION	GIVEN IN PAR	I I to					
	PENDING BE I WEDING AS A HEALTH	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	NED?				20	AUTOPSY?	
DIVISION OF VITAL	CERTIFICATE SHOULD THE WORD "PDED TO THE CHIEF. 3 SHOULD BE USED DEPARTMENT OF HE PRIOR TO BURIAL, I PRIOR TO BURIAL,	LIFIC	N. Ka												YES 🛣	NO 🗆
OF.V	THE COULD BE WENT TO BU	CER		L CAUSE WAS	216 TIME OF HOUR A.M		DAY YEAR	21c. HC	W INJURY C	OCCURRE	) (ENTER NA	ATURE OF INJURY II	N ITEM 18 PART	1 OR PART 2)	26	7.0 []
NO	RTIFICATI NG THE V O TO THE SHOULD PARTMEI RIOR TO	3	UNDERLYING CONTRIBUTION	NG CAUSE OF					bject	shot	. 0					
VISI	CERT 3 SF DEP	AED	21d. INJURY C		21e PLACE C			21f. LOC	ATION			CITY OR TOWN		COUNTY		STATE
۵	THIS CERTIFIC WARTING TH WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR		AT WORK	NOT WHILE	street			150	0 blk.	. Sch	001 5	St., Ba	lto.			MD
			22e I certi	fy that I taak charg	ge of the remains des	ribed abo	ve, held an	Autops	y <b>K</b>	Inspection		Inquiry	, and in	my opinian	1	
	EXAMINER: CERTIFICATE OULD BE FOR: L DIRECTOR: 4, WITH THE S MARYLAND,		death result	ed fram/ Natu	ral causes .	Accident	, Sui	cide .	Hamicio	de X	Undeter	mined manner				
	WAR WAR		ACTUAL	M. A	12	~	,		TITLE (SPI	,				0.175		
	A HANGE		SIGNATURE.	AIN	7.7	_0\		M.	Assis	stant	MEDIC	CAL EXAMINE	R	SIGNED	9-5-85	)
	AED UNE IMO		EXAMINER'S	NAME Ann	M. Dixon,	M.D.				111	Penn	St., B	Alto.	, MD	21201	
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 7 TO FUNKER LD RECTOR AFTER DEATH, WITH IT BALTIMORE, MARYLAI	23n B	TYPE OR PRI	TION, REMOVAL	23b DATE	72, 1	NAME OF CEM		CREMATOR							
07/84	BP	(:			9/9/85		edar Hi				Ann	e Arund	del C	COUNTY	Mď	ATE
25M	DHMH - 17		UNERAL DIREC									1985° 2				4
	(VR A15 ME (5))	Ni1	Tiam C.	March F/	H Inc 430	0 Wab	ash Av	enue	5000	SEL	9	1900	TO SOUTH AT ANY	1.0000		



FOR STATE

REGISTRAR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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	m 21 is marked or them 18 shows any injury, or other traumotic event, the medical examiner may be nailfind at the	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1	REGISTRAR		CERTIF	ICATE OF DEAT	II.	REG. I	NO.		
	1 DECEASED NAME FIRST	MIDDLE	(	AST	20	DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
	THOMAS		MARSH	Sr.		EPTEMBER		35	111:10PM
٩	3. SEX	4 RACE	5. DATE C		EAR 6	AGE (IN YEARS LAST B	RIHDAY	FUNDER I YEAR	HOURS MIN.
0	Male	Bliggest		22/26	EAN	59	YRS		7.00.0
ľ	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARR	9 1	BALTIMORE CITY	OR COUNTY	OF DEATH	
	Alabama	USA	WIDOWE	D DIVORC	ED B	ALTIMORE			MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		R OTHER INSTITUTI		USUAL OCCUPATIVE OF WORK FOR MOST		12b. KIND C INDUSTRY	South err
-	BALTIMORE		NS HOSPIT	AL		Engineer		Payin	_CO
	130. STATE FLORIDA		or town  1ywood	13d INSIDE CITY LI		STREET ADDRESS		1 1	ywood 33020
1	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAI		MIDDLE		LAS	
	Jim	Marsh	100	ATIN 2	Hatt:		Co.	leman 🖺	1.15
0	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT		556	185Flage	er St.	
5	Yes NOOR UNKNOWN) (IF YES GIV	Ve WAR OR DATES) 210-	26-9089	Annie M	arsh	Ho11yw	ood, FI	L. 3302	.0
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE			×04.4	co of			BETWEEN	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (0)	10 Dulmo	namy ar	rest				0 min.
		DUE TO, OR AS ACO	NS OUENCE OF	10-100	4	2	, 6.	1 2	wo. H.
	Conditions, if any, which	( b) Mota	Starce >	alnot	- pu	unary	wing	40 7	momins
	cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF			0			
		( (c)	<u> </u>						
	PART 2 OTHER SIGNIFICANT	conditions <u>contributi</u>	ING TO DEATH BUT	NOT RELATED TO T	HE TERMINA	AL DISEASE OR CO	NDITION GIV	EN IN PART 1	a
7	190 DATE OF OPERATION  110 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		, WERE FINDI	
0	DIFF				- 31	YES T NON	0	YING CAUSES S 🗍	NO T
7	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ITIL BAY VEAD	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJ			
	OR CONTROLLENIO CONTROL		TH DAY YEAR						
	OR CONTRIBUTING CAUSE OF DE LIFETIMEN NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	Y	211 LOCATION		CITY OR T	Own	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY	Y OFFICE FARM ETC )	SINEEL		CHYON	OWN	COOKIT	STATE
	220 1 certify that (I) (this hosp	ital) attander deceased	d from 913		83	10 9/5		19.85	that (I) (we) last
	saw the deceased alive on abave, (1) (we) (did) (did no	at) view the body after deat	h. 19.85, or	d that in (my) (our)	opinian deof	th occurred on the	date and have	and from the	couses stated
	22b. SUSNATURE			DEGREE				22c. DATE	SIGNED
	John Pt	avery	The P	ATTEN PHYS	IDING A	RECTOR PHYS	ICIAN	9-5	2-82
	220 PHYSICIAN'S NAME (TYPE OF	DR PRINT) LAVERY		10HNS	Hopla	is Hospi	tal B	saltimo	re MD
-	230. BURIAL, CREMATION, REMOVAL	. 23b DATE	23c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	-		
	Burial	9/14/85	Holdswe	od Garde	en	Holly	wood,	Flori	Lda STATE
	24 FUNERAL DIRECTOR		ADDRESS			C'D. BY REGISTRA		RAR'S SIGNAT	URE
	Chas.A.Rice FS		taw Place		SE	P 1 0 1989	3 11	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-Handale

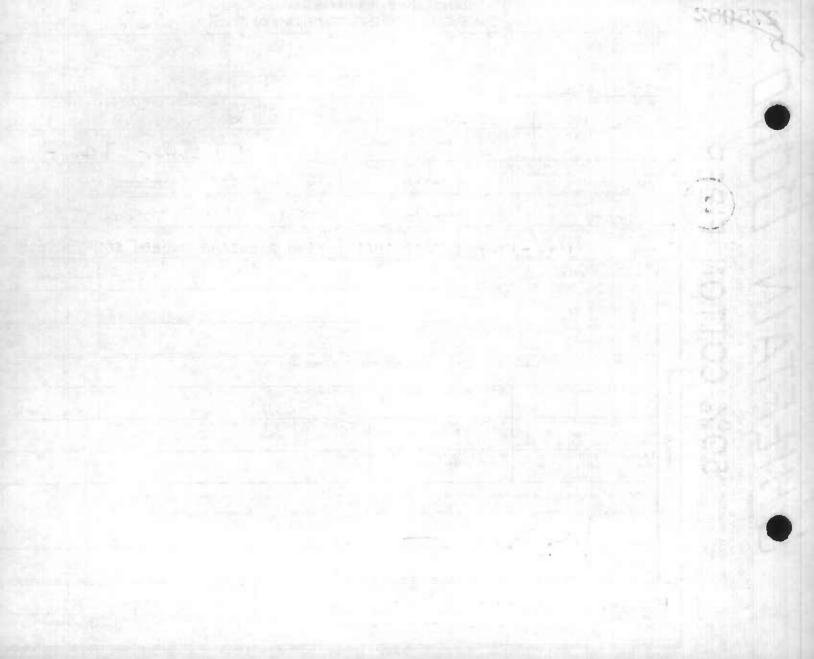
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Add.info.per F.H. 9/18/85 kam

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75082	1-	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S CERT	TIFICATE O	FDEATH	REG. NO			3
		CEASED NAME	FIRST		WIDDLE	LAST			E KNOWN	MONTH (	DAY YEAR	26 HOUR
S 8. S. S. F.	(111	CORPRINT)	HENRY		L.	MART	TN	OF DEAT	H MATED	9 2	5 19 85	5
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. FOR YOUR FILES. B. WITHIN 72 HOURS W. PRESTON STREET,	3. SE	(	4 RACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER	YR. IF UNDER	24 HRS. 2c. DA	TE		DAY YEAR	
SY, F	M:	ale	Black	MONTH DAY	1920 65 Y	AY) MONTHS D	PAYS HOURS	MIN. PRONO		9 2	5 19 85	6:15 <sub>M</sub>
AL AL	70 B	RTHPLACE (ST	ATEOR	76 CITIZEN OF W		10		9 BALT	IMORE CITY OF	1 6		) PM
# # # # # # # # # # # # # # # # # # #	FC	REIGN COUNTRY)		U.S	Δ	WIDOWED E	NEVER MARRIE	ED L	404	_		
AGE S	10 C	Ga.	OF DEATH		SPITAL NURSING HOM			12g. USUAL OCC	timore (	OF WORK 12h	. KIND OF B	MD
語的の	D	altimor			ACILITY, GIVE STREET ADDRESS)			FOR MOST OF V	ORKING LIFE)		OR INDUS	TRY
当 -		altimor		OTHER INSTITUTION G	ondson Ave.	IONI		Meat (	Lutter	2	(30V)	
50	13a S	TATE	136 COUNT	Υ	13c. CITY OR TOWN		NSIDE CITY LIMITS?	2726	RESS	Z Z	1223	
E 1	14 6	Md .			Balto.				Editolia	SOII A	.ve	
5	14. 17	FIRST		MIDDLE	LAST	15. M	AOTHER'S MAIDE	N NAME	MIDDLE		LAST	
1	10. 1	Hen	EVER IN U.S. ARM		Martin	19.10	Viola			tson		
2800	100 V	ES, NO, OR UNKNOV	VN) TIE YES GIVE W	AR OR DATES)	168. SOCIAL SECURIT				ADDRESS	607	24 - 3.	
\$ /		ves	1946	-1964	255 18 10	061   1	Miss Ro	salind	Marti	J 60T	mad:	Lson
E DI		18 CAUSE OF	DEATH (Enter only	one couse per line	for (o), (b), and (c).)	America de						TE INTERVAL
PERMI PERMI SIENE, VAL.			IMMEDIATE	CAUSE (o) HYC	ertensive &	arteri	osclerot	ic card	iovascu]	ar di	sease	
ZZZZZ		8 1111		DUE TO, OR	AS A CONSEQUENCE	OF				120		
KAMINER AL-TRANSIT MENTAL HY N, OR REMO			s, if ony, which to immediate	(b)		- 33						
XAMINE AL-TRA MENTA N, OR R			stoting the under-	DUE TO, OR	AS A CONSEQUENCE	OF						100
BURIAL AND M		lying coos	<u>e 1051.</u>	(c)						13.0		
HEALTH AN		PART 2 OTHER SIG	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CO	NOITION GIVEN IN PAR	T 1 (a)				
- K	CERTIFICATION											
FE	CAT	19a. DATE OF	OPERATION	196. CONDI	TION FOR WHICH OPER	ATION WAS PE	RFORMED?			1	20 AUTOPS	Y?
PARTMENT OF HER	TIFE										YES [	NOX
02	CER	210 EXTERNAL		21b. TIME OF	FINJURY A. MONTH DAY YEAR	21c HOW IN	JURY OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)	}	
2	X	UNDERLYING CONTRIBUTIN	G CAUSE OF DE			`						
DEPA!	MEDICAL	21d. INJURY O	CCURRED	21e PLACE	OF INJURY (AT HOME,	211. LOCATIO	N					
22	*	AT WORK	NOT WHILE	SINEEL, FAC	TORY, FARM, ETC.)	STREET		CITY OR	TOWN	COUNTY	1	STATE
PAGE STATE (							7	V				
AND			22a   Certify that   took charge of the remains described above, held on Autopsy , Inspection . Inquiry , and in my opinion									
RYL RYL		deoth resulted	d from: Notura	l couses X.	Accident L, Su		Homicide	Undetermined	monner			
<u>0</u> 3,8		ACTUAL	Mic	200			TLE (SPECIFY)			DATE	0 06	0=
TAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		SIGNATURE	The state of	XXX		M.D. <u>A</u>	ssistant	MEDICAL EX	AMINER	SIGNED_	9-26-	-85
SON L	100	EXAMINER'S N	Ann M	1. Dixon,	мъ		111 Do	enn St.,	Ralto	MD	21201	
AL PER	22 - 21	(TYPE OR PRIN	***************************************			ADDR	200			י טויז	21201	
- L	236.B	PECIFY)	ION, REMOVAL 231		23c. NAME OF CE			23d LOCATION		COUNTY		STATE
-	74 FI	JNERAL DIRECT	OR II	0/1/85	Garris	on For		Owin			Md.	
1 - 17		MANG		on & 1056	ns 1701 L	aurens	Z30. DATE R	EC'D. BY REGIST	1 whan	audon-	. Haridae	-
ME (5))	-	O CALLOND						1000	11			



Dundalk, Maryland

(VRA 15, 4)

7922 Wise Avenue

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STUTE FEB 787 8 9 10 ANARY ANALYSAM Chart II. Data In Carlo Record Comments mass make a little and

25 1		E OR PRINTS	I	WIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 176 HOUR
oge 3		MARTE	ENA	V. MAS	SEY	9-1	10-85 6 pm
a fer o	3 SE	X	4 RACE	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		FEMALE	BLACK	MONT	4 97	88 YRS	MONTHS DAYS HOURS MIN.
Pog Pog		IRTHPLACE (STATE OR FOREIGH		WHAT COUNTRY? 8		DALTIMORE CITY OR COUNTY	TY OF DEATH
72 22 EXT	MA	RYLAND	us	MARRIE	D NEVER MARRIED X	Baltimore	Citu
b my		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	17h KR40 OF BUSINESS OR
# 4 4 5 11 11 11 11 11 11 11 11 11 11 11 11 1	-	- 2 4 4	(IF NOT IN SUC	nion Memorial	Hospital	TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRIY
120 ours	USU	altimore AL RESIDENCE IN NURSING HO		GIVE RESIDENCE BEFORE ADMISSION)	-	IDOMESTIC	
10 2 24 h			COUNTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI	_
Nu Z		ATHER'S NAME		BALTIMORE	YEXX NO	601 WYANOKE A	VE. 21218
Cir b		FIRST	MIOOLE	LAST	FIRST	MIDDLE	LAST
X Post	24	WILLAIM		MASSEY	HATTIE		WINN
NORE,		WAS DECEASED EVER IN U.: (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
TIM S. Po	1	NO			WARREN COLE	MAN 5352 SINCLAI	
BAt Sore Soper Vol		18 CAUSE OF DEATH (Ent	ter only one couse per				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			EDIATE CAUSE (0)	Sepsis			480
offic office	1		DUE TO, O	R AS A CONSEQUENCE OF			
deot deot ove tion,	2	Conditions, if ony, which	ch ( 1b)	a of Cecu	m; Intest	inal Perfoval	You
the the emo		gove rise to immediate couse (a), stating the	te DUE TO				
by by ose	36	underlying couse los	st. (c)	Diverticul	ar Dis-	GI Bloedic	19/4-
res produced niple		PART 2 OTHER SIGNIFICA				MINAL DISEASE OR CONDITION G	
RDS n sig	CERTIFICATION	X S	CVI				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be ergoured within 24 hours to afterding physician. The low requires that the certificate has been signed by the ottending physician or certificate has been signed by the ottending physician or certificate has been signed by the ottending physician or certificate has build in the primal. Then please remove corban papers. Point had Americal Hygiene primar to build, cremation, or removal.  Orded or frem 18 shows only injury, or other troumotic event, the menual papers.	S	190 DATE OF OPERATION	- 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDINGS USED
he to hos hos r per	E	8-27-85	Car	cinoma of	Cecum		IFYING CAUSES OF DEATH?
CIAN. T B physical ph	T W	21a. ACCIDENT WAS UNDERLYIN			216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
O D D D D D D D D D D D D D D D D D D D		OR CONTRIBUTING CAUSE (		1/1/	NA		
ON HYSI	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATION		
VISI G Pl G Pl ond ond ked	₹	WHILE AT WORK	(AT HOME STE	PACT PAY, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
Aft Aft Aft		22a I certify that (I) (this	hospital) attended th	e deceased from Aug	, 22, 1983	- 10 Sept. 10,	, 19 8 5 , that 2 (we) lost
TEN TOR OF He		sow the deceased oliv	ve on Dept	110,10 85		death occurred on the date and ha	
REC REC ppt. c		obove, (I) (and (did) (did) (did)	view the body	offer death	DEGREE.		22c. DATE SIGNED
The Day		Benn	A 9	Camer	ATTENDING	MEDICAL STAFF	9-10-85
O HOSPITAL etoined by the TO FUNERAL should be det with the Store	1	THE PHYSICIAN'S NAME I	(THE CHIMIN)	y army	22e ADDRESS	DIRECTOR   PHYSICIAN	
HOSPI ined b FUNE old be hithe S		Bannister	-1. Rai	nes Jr.Mi)	5225-4	ork Rd.	B4/16.14d 212
TO HOS	77-	BURIAL, CREMATION, REMO				123d LOCATION	24/10-11-0-10-
0.0		(SPECIFY)			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	_	URIAL UNERAL DIRECTOR	19-16-	85 Gedar	HILL		MARYLAND
DHMH - 16 60M 7/B4	24.1	E.C. PHILLIPS	1721 N	MONROES ST.		TE REC'D. BY REGISTRAR 256. REGIS	
(VRA 15, 4)		C.C. IHILLIFS	1/41 110	HOMINUE 31.		SEP 13 1985 JUN	a uniason-frindelle

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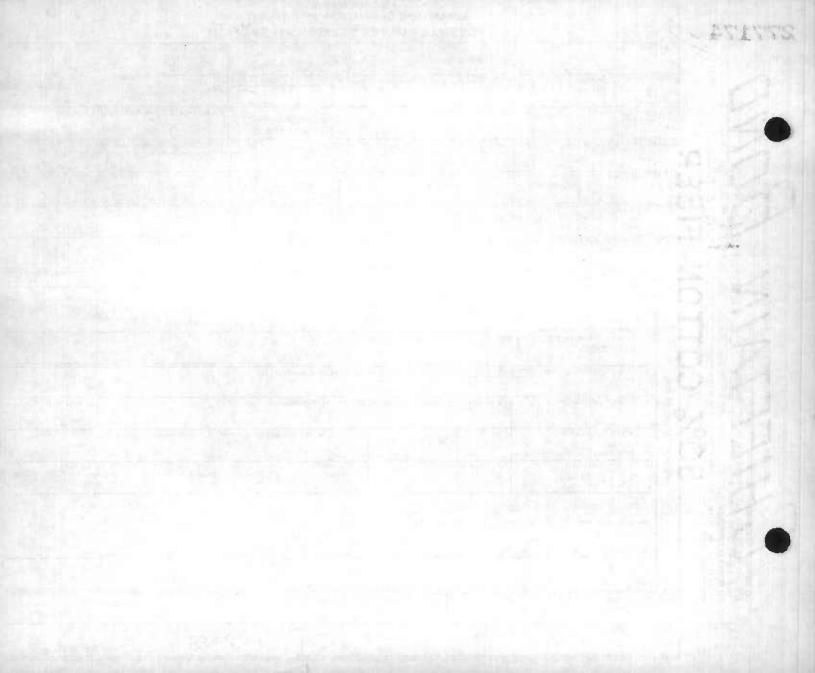
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		STRAR 1 LM	10/A/8	item 12M 5 rja	WIDDIE		LAST		2a. DAT	E KNOWN	, NO.	NTH DAY	YEAR 26. HOU
1				PHEN		Κ.	MASS			TH MATED	<sup>2</sup> 9-1	9-85 19	
1.5	M		B B	4	3 YEAR 5	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS O	YR. IF UNDE		ATE DUNCED AD	9_1	9-85 19	11:2
70	BIRTHP	COUNTRY	OR	76. CITIZEN OF	WHAT COUL	ITRY? 8	MARRIED [	NEVER MAR	RIED X 9. BALT	IMORE CIT		UNTY OF DEA	тн
1	Ma	rylar	n d		S.A.		WIDOWED [	DIVOR		altim			N
	В	altimo	re ,	Union	Memor	ial Hosp	ital	STITUTION	FOR MOST OF V	vorking LIFE)	d	OR IND OR IN	OF BUSINESS DUSTRY
	STAJE		COUL	OR OTHER INSTITUTION		OR TOWN	Las BOTH	NSIDE CITY LIMITS?	13. STREET ADD		OAD 2	21.239	1983
		R'S NAME FRST hony	APP H	WIDDIE		lassey		Felic:		WIDDLE		Wh	ite
160	YES, NO	DECEASED EV ), OR UNKNOWN)	/ER IN U.S. AR (# YES, GIVE	RMED FORCES? E WAR OR DATES)		one		Felici	la White	ADDR		Leith	Rd.
		PART I DEATH	WAS CAUSE	TE CAUSE (o)	Hydrod	cephaly						BETWEEN	ONSET AND DEAT
NO		gove rise couse (a) star lying couse la	to immediate ting the <u>under-</u> ost.	(b)		ISEQUENCE OF	st disease or co	NOITION GIVEN IN F	ART 1 (o).				
CATION		gove rise couse (a) star lying couse la	to immediate ting the under- ost.	(b) DUE TO, (c) (c) CONTRIBUTING TO OCA	<u>ath</u> rut not rela				ART 1 (a):			20 AUTO	OPSY?
CERTIFICAT	19a 21a UNI	gove rise couse (a) storying couse to lying couse to DATE OF OPI	to immediate the under- post.  CANT CONDITIONS  ERATION  AUSE WAS  OR  CAUSE OF	(b) DUE TO, (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OF INJURY	ITEO TO THE TERMINA	ION WAS PE	RFORMED?	ART 1 (0).  PED GENTER NATURE OF	F INJURY IN ITEA	w 18 PART 1 C	YES	
MEDICAL CERTIFICATION	19s 21s UNI COI	gave rise couse (a) storilying couse let 2 OTNER SIGNIFIED DATE OF OP	CANT CONDITIONS  ERATION  AUSE WAS  OR CAUSE OF	(b) DUE TO, (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OF INJURY	DAY YEAR  19 (AT HOME.	ION WAS PE	RFORMED?			w 18 PART I C	YES	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 77174 REGISTRAR REG NO . DECEASED NAME 20. DATE KNOWN 75 HOUR (TYPE OR PRINT) ESTI-ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. HILLIN 72 HOURS PRESTON STREET, REGINALD **MATTHEWS** DEATH MATED 1985 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 0:45 black DEAD male 1965 1985 6 TO CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOR MARRIED NEVER MARRIED FOREIGN COUNTRY) 5 Md WIDOWED DIVORCED Baltimore City IL CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION TTYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Baltimore (STU) Laborer G. B. M. University Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 13b. COUNTY 1811 Thomas Avenue Baltimore YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fordham Matthews Joseph Frances 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) HEYES, GIVE WAR OR DATES 215-94-0519 Frances Matthews 1811 Thomas Avenue CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of neck with complications ED AS A BURIAL - TRANSIT P HEALTH AND MENTAL HYGI IL, CREMATION, OR REMOV DUE TO, OR AS A CONSEQUENCE OF (unspecified weapon) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION TOAR, WRITING THE WORN TOAR TOAR AND THE CHIEF NO TOAR PAGE 3 SHOULD BE USED NOT THE STATE DEPARTMENT OF HE NOT THE STATE DEPARTMENT OF THE ST 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES T NO [ 71g EXTERNAL CAUSE WAS TID TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 12:304. 9-20-Subject shot. 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT MATE STREET, FACTORY, FARM, ETC 1 STATE street 1800 blk. Warwick Ave., Balto. City MD 27a I certify that I took charge of the remains described above, held an Inspection Hamicide X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-30-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Burial 10/5/85 Baltimore Cemetery Baltimore Md 07/84 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** ha Nesidron- Andala William C. March F/H Inc West 4300 Wabash Ave 1985 (VR A15 ME (5))



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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE SI. BATTIMORE, MARYTAND, 2.	-	(TYPE OR PRINT)	Dennis	F. Smytk	Y, M.D.	A	DDRESS_1	11 Penr	St.,	Balto.,	Md.	21201	
5355A8 _	23a. B	URIAL, CREMATION,	REMOVAL 236 D	ATE	23c. NAME OF CE	METERY OR	CREMATORY	23d	LOCATION				
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DHMH - 17	12	NAME A TOMOS	CA. 151	ADDRESS	111 20	711	4	SEP 2	7 1985	Gulia da	vidson-	Bandras	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 RitchTe Hgwy Balto Md

9/5/85

23d LOCATION Glen Burnie Glen Haven Mem Park

COUNTY

22c. DATE SIGNED

YEAR

85

IF UNDER I YEAR

2b. HOUR

17 NO DOF BUSINESS OR

Clothing

RD 21061

KURLANSKAS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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NO ST	(ale	Cauc.	DATE OF BIRT	L910	75 YRS.	UNDER 1 YR. IF UNDI	ER 24 HRS. 20 DATE PRONOUNCED DEAD	9-10-85	7:0
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ION ION	PARE 2	anditions, if any, what we rise to immed ause (a) stating the <u>uniting couse lost.</u> OTHER SIGNIFICANT CONDITIONS	der- (b) DUE TO, C	DR AS A CONSE		EASE OR CONDITION GIVEN IN	PART 1 (a)		
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MEG	WHII AT W			ACTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY	STATE
BALTIMORE, MARYLAND, 21201	ACTU SIGN EXAM	AL LOUIS NAME OR PRINT)	Dennis F.	Smyth,	Suicide (	, Homicide Interpretation Management (SPECIFY) M.D. ASSISTA ADDRESS 111	Penn Street	and in my opinian  ],  DATE 9-11-8	35
23a	BURIAL,	CREMATION, REMOVA	9/14/85			Mem Park	23d LOCATION CITY OR TOWN Elkridge, H	oward Co., M	STATE
		L DIRECTOR S N. KOTSI	S FUNERAL	HOME, 6	Lll Wind	250 DAT	E REC'D. BY REGISTRAR 25b. R	EGISTRAMS SIGNATURY	andell.

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B.LUGI

211-0-5019 Stral Cordon, 5502 Stenderton Avenue

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LAMES V. MATRIE W. Soch Will, Chill Mindson Mill Hoad

FOR

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STATE OF MAKILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE	OF N	IARY	LAND
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2063	1-	FOR STATE	DEPA	RTMENT OF	HEALTH AND MENTAL HY FICATE OF DEATH	GIENE S	253	0 5
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onerol dir	B	RTHPLACE (STATE ADDIN OUNTRY) BLFIMBAG	76 CITIZEN OF WHAT COUNT	MARRI		9 BALTIMORE CITY OR BALTIMORE	CITY	
filed with	B	TY OR TOWN OF DEATH	VA MEDICAL CE	NTERSBA		120 USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF		OF BUSINESS
should be	13a S	TATE 136 CC			13d. INSIDE CITY LIMITS?  YES NO   15 MOTHER'S MAIDEN NA		ZIP CODE	213.1
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s. Poger	16a V	AS DECEASED EVER IN U.S.  ES NO OR UNKNOWN?  (IF YES	GIVE WAR OR DATES) 01/00 A		2.111AN C	ADDRES	seenot v	t upr s
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te hos ber sit permit grene pric	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WH	ICH OPERATIO		200 AUTOPSY?	206 IF YES, WERE FINDI IN CERTIFYING CAUSE YES	
this certificate he buriol-transit and Mental Hygined and Action of the buriol-transit and Action 18 shapes of the high shapes	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETITHER NOTIFY MEDICAL EXAM. 218. INJURY OCCURRED	DEATH HOUR A.M. MONTH	19	216 LOCATION STREET	RED (ENTER NATURE OF INJURY		STATE
CTOR: After		220 I certify that XI (this has saw the deceased alive abave, (1) (did) XIX	spital) allended the deceased from Sept. 19		nd that in (Xy) (our) apinion	toSept.19	19 85	than II (we) I
TO FUNERAL DIRE should be detoched with the Store Dept IMPORTANT: If hen		276 PHYSICIANIS NAME , TO		2	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		ANX	SIGNED
P O With T		URIAL, CREMATION, REMOV	2 1 HESLE  AL 236 DATE  2 - 24 - 55	3c NAME OF	3900 Loch CEMETERY OR CREMATORY	Raven Blud.		D 2121
AH - 16 60M 7/84 (VRA 15, 4)	24 Ft	INERAL DIRECTOR	Harper L38 DPRE	2.100	250 DA	FP 23 1985	Sh REGISTRAR'S SIGNA	Handalle Adndalle

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH	REG. NO.				1
LAST	20 DATE OF DEATH MONTH	22	YEAR 85	26. HOL	JR 10 AN
May 10,1905	6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	MONTHS	DATS	IF UNDER	MIN.
MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DE	ATH		

Maryland CITY OR TOWN OF DEATH

4 RACE

White

76 CITIZEN OF WHAT COUNTRY?

1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Union Memorial Hospital

12a USUAL OCCUPATION Attorney

Baltimore

IND OF BUSINESS OR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Maryland

Baltimore

DECEASED NAME Richard

Male

TO BIRTHPLACE IS ATE OF FOREIGN

GIVE RESIDENCE BEFORE ADMISSION Baltimore

McAllister

705 Chumleigh Rd. 15 MOTHER'S MAIDEN NAME

21212

IL FATHER'S NAME

Richard King McAllister

Baltimore

17 INFORMANT

Stella Elizabeth Bohannon ADDRESS

16n WAS DECEASED EVER IN U.S. ARMED FORCES?

16h SOCIAL SECURITY NO 215-34-5657

207 E. Redwood St. Richard A. McAllister, Jr. Balto., Md.21202

Canditions, if any, which gave rise to immediate cause to, stoting the underlying cause last

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

IMMEDIATE CAUSE (a)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC.)

211. LOCATION

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive on,

DEGREE

MD

and that in

PHYSICIAN DIRECTOR PHYSICIAN T

22d PHYSICIAN'S NAME (TYPE OR THE

Robert Vissing, M.D.

Union Memorial HOspital

23d LOCATION

20a AUTOPSY?

230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial

24 FUNERAL DIRECTOR

Sept. 25,1985 Mt. Maria

Towson, Baltimore Co., Maryland

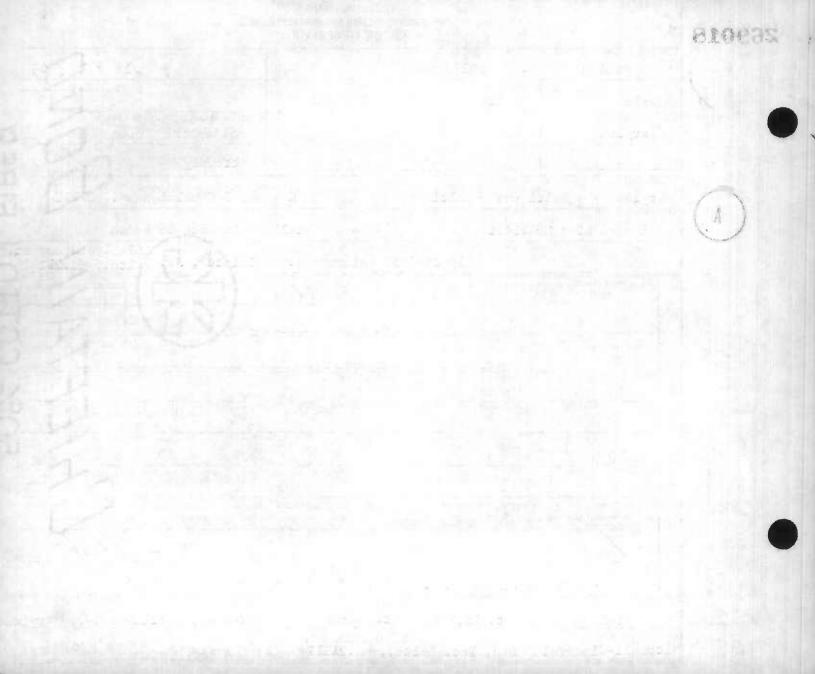
(my) (aur) apinian death accurred an the date and haur and from the causes stated

6500 York Rd. 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

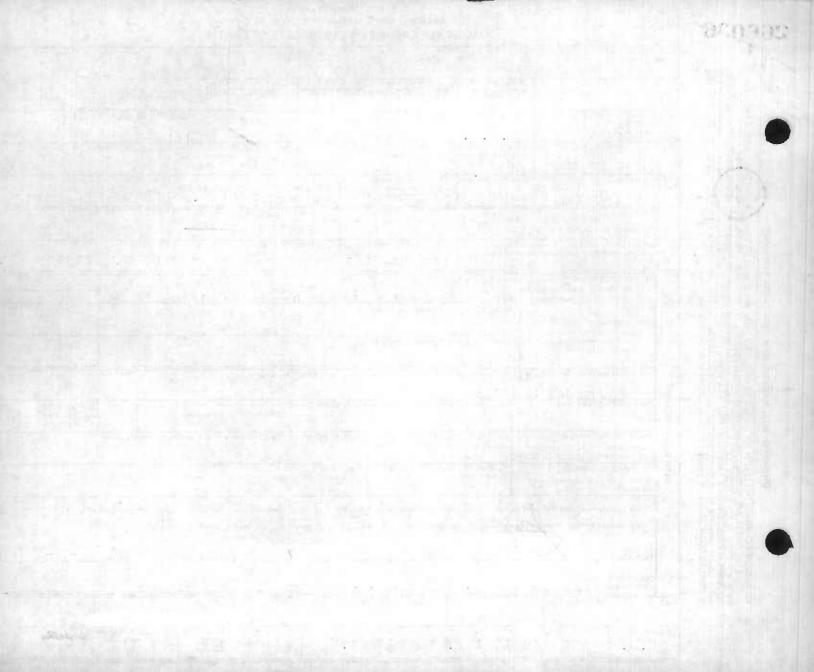
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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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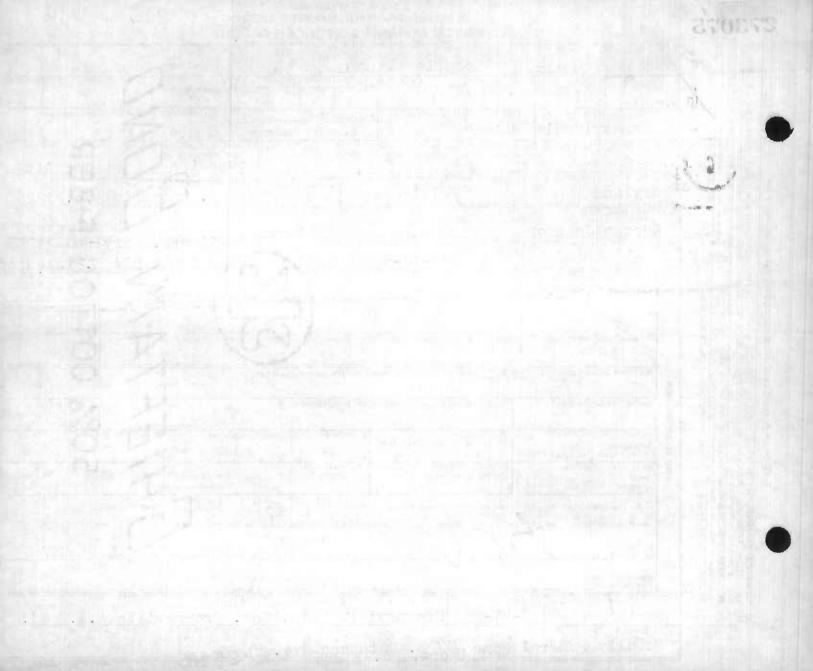


STATE OF MARYLAND FOR FILM GOOS item 3 DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME McCamery O DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED (MCAMERY) ROBERT 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. TIE LINDER 24 HRS DATE 2d. HOUR 652 RTHDAY 12 PRONOUNCED 203 22 MALE BLACK DEAD TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [ GEORGIA Baltimore Ci 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IB CITY OR TOWN OF DEATH 116 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Preston Street 13e STREET ADDRESS 2606 E. PRESTON ST. 13c. CITY OR TOWN 136 COUNTY 13d INSIDE CITY LIMITS? BALTIMORE YES X NO [ MARYLAND 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST GERTRUDE CAMERY GOSS ROBERT Mc 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO E. PRESTON DORIS Mc CAMERY 2606 253-18-8141 YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIEI RIAL, CREMATION, OR REMOVAI DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) chronic alcoholism 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE CONTROL OF HE DEPARTMENT OF HE YES V NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION EXECUTE THE CERTIFICATE, WRITH
PAGE 4 SHOULD BE FORWARDED
TO FUNERAL DIRECTOR, PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 226 I certify that I tack charge of the remains described above Red AL ) Autopsy Inspection and in my apinian death resulted from: Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9-15-85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION COUNTY Md. Veteran Cem. Crownsville, BURIAL 9-20-85 Md. 07/84 BP 750. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNALUR BARE 25M 24. FUNERAL DIRECTOR **DHMH - 17** MARCH F/H 110 TESS E. NORTH AVE. (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE-273075 - STATE TE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWNX 2h HOUR PERSONAL CHI PRINCIPE OF ESTI-Rosalie ECTOR. R FILES HOURS STREET, DEATH MATED 9/ 25/ 19 85 Violet McCarty 4 RACE DATE OF BIRTH AGE (IN YEARS IF LINDER 24 HRS DATE 10:38 LAST SIRTHDAY) PRONOUNCED White 28 24 60 DEAD 25/ 1985 Pama 76 CITIZEN OF WHAT COUNTRY? I BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED OREIGN COUNTRY Pennsylvania IISA DIVORCED Baltimore City, WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Housewife South Baltimore General Hospital Baltimore Domestic Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY MD. 2126 Marvland 24 E. Patapsco Ave. 21225 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Shunelmeyer George Johnson Florence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Baltimo regess Maryland 16h. SOCIAL SECURITY NO 7 INFORMANT (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES No 210-14-5873 Tolodziecki 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL NOX YES DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 23 10 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 9/25/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 236 LOCATION STATE 9-27-85 Buria le Vets. Cem. Crownsville Md BP. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE McCully Funeral **DHMH - 17** Ave.SEP 26 (VR A15 ME (5))

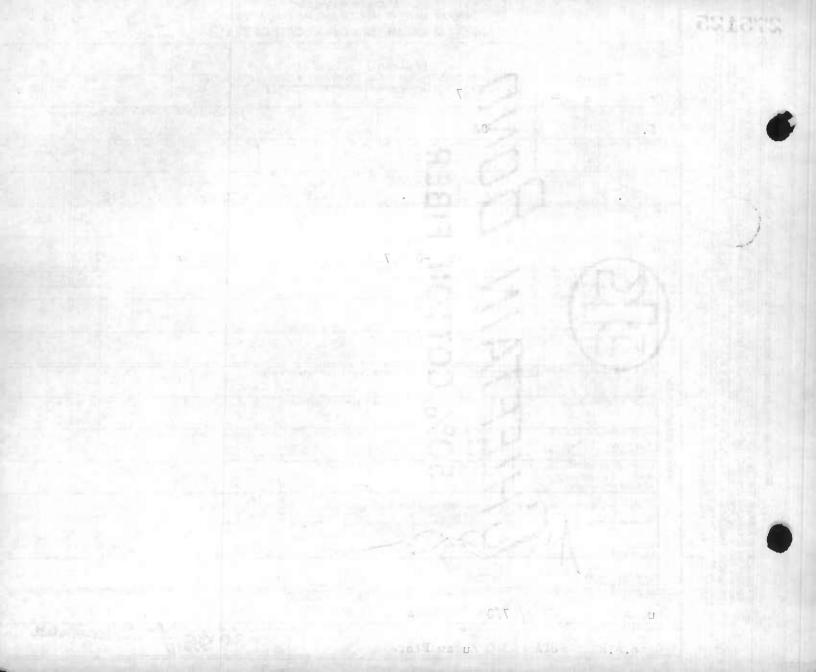
STATE OF MARYLAND



(VRA 15, 4)

C12652 318158 11 6 .A. . To contria distribution of the second state of the second The state of the s Ventre culps Fibrillation Emmediate First Mycrodial Lympha (177) Commercy Arthor Passes 53 11-6 . District in the first of the contract of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 275125 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH DAY (TYPE OR PRINT) ESTI-McCLOUD VINCENT DEATH MATED (McLeod) 9 19 85 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 18 THE :06 A PRONOUNCED P ack 12/31767 19 85 Male DEAD YRS Te. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY USA WIDOWED | DIVORCED Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION LITTE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore University Hosp. (STU) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD. 2120 Balto. YES T Md NO [ 432 Watty Ct 21201 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST McLeod Annie McLeod George 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 214-84-6729 Annie McLeod 432 Watty CT. 21201 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds (handqun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 4:30xx 9-21-19 85 Subject shot. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNRAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 street 1700 blk. Brunt St., Balto. MD 22a. I certify that I took charge at the remains described above, held an Inquiry and in my opinion Homicide X death resulted fram: | Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 9-21-85 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Brooklyn 9/27/85 Cedar Hill Cem Burial Md, 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURANCES. **DHMH - 17** (VR A15 ME (5)) Chas.A.Rice FSPA 1300 Eutaw Place



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

DEGREE

COUNTY Maryland Howard

NO [

STATE

AL D teroc are D	1 h m	um	My	ATTENDING PHYSICIAN
POSTAN	77d. PHYSICIAN'S NAME (TYPE OR	F AUSUS	3(XX) MY) 220. A	1640 h
2 6 7 3	236 BURIAL, CREMATION, REMOVAL  (SPECIFY)  BUTIA	236 DATE 9/24/85	23c NAME OF CEMETER Meadowridge	
16 50M 4/83 A 15, 4)	24 FUNERAL DIRECTOR HULBARD FUNERAL H	- 11	21229 07 WILKENS A	250. D

NOT WHILE

REMATORY 23d LOCATION Elkridge 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

une Daydoon-1-

COUNTRY 130. STATE Maryland MEDICAL 21d INJURY OCCURRED WHILE | AT WORK 270 I certify that (1) (this hospital) attended the deceased from saw the deceased alive on. abave, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE

FOR

- STATE

3. SEX

REGISTRAR

DIVISION OF VIT

BP. DHMH -

(VR

MIDDLE 20 DATE OF DEATH L DECEASED NAME FIRST MONIH TTYPE OR PRINTS JOSEPH LAWRENCE MCCONVILLE, SR. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY WAINDER LYEAR 4 RACE MONTH . VEAR MALE WHITE 17 14 70 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED X Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOSTING WORKING LIFET IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY IN SCCOURS Attendent Race Track ISUAL RESIDENCE (IF NURSING HOME WOULD RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR JOWN 13d INSIDE CITY LIMITS? NO Howard Ellicott City YES 1 4412 Dorado Drive 21043 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JOSEPH BERNARD MCCONVILLE MARY LORETTA COATES WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATEST LYES NO OR UNKNOWN) UNKNOWN 217-01-9246 Helen Joanne Fleck 4412 Dorado Dr. 21043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Emer only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: deus IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. Scure rue PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT 200 AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDIC ALEXAMINER P.M

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC )

21f LOCATION STREET

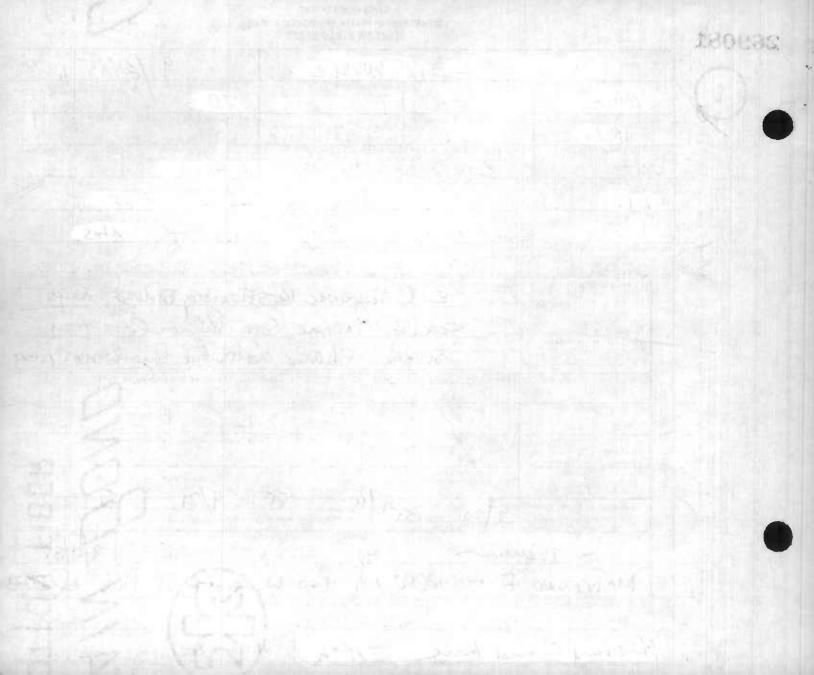
and that in (my) (our) apinion death occurred an the date and hour and from the causes stated

22c. DATE SIGNED DIRECTOR PHYSICIAN

MEDICAL

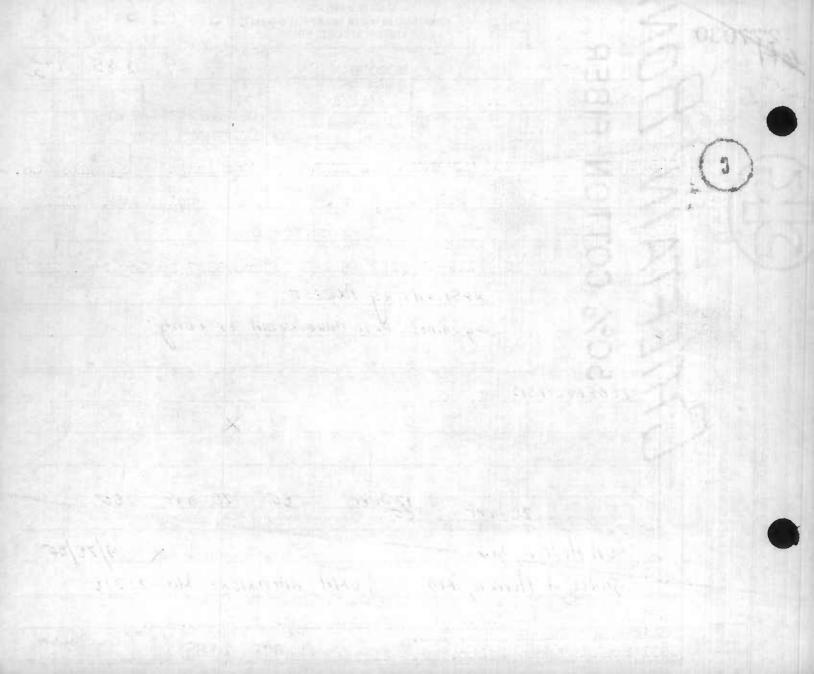
CITY OF TOWN

COUNTY



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 277030 CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 20 DATE OF DEATH MONTH LITTE OR PRINTE 28 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDED 2+ MDS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Machinist Schenley Co. 13e STREET ADDRESS / ZIP CODE 3507 Dudley Ave. ADDRESS Helen McCord, 3507 Dudley Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CELL CALCINOMA OF LUNG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 28/85 DIRECTOR PHYSICIAN BAITIMONE Md. STATE Moreland Balto., Md Mem. Schammer Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Grena Davidson Randale 3331 Brehms Lane, Balto., Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

- STATE REGISTRAR DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126 KIND OF AUSINE COAST Guard

-

REG. NO 20 DATE OF DEATH MONTH

DESKY_	BLAIR	G	MC CRACKEN Jr.	September 6.	1985 8:43a N
11	Male (	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  25	6 AGE (IN YEARS LAST BIRTHDAY)  N  N  N  N  N  N  N  N  N  N  N  N  N	FUNDER TYEAR IF UNDER 24 HRS
10 0 m	BIRTHPLACE (STATE OR FOREIGN 71 COUNTRY) Pennsylvania	U.S.A.		9 BALTIMORE CITY OR COUNTY  BALTIMORE CITY	
13	BALTIMORE	VA MEDICAL C		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Sheet Metal Work	
130 M	UAL RESIDENCE (IF NURSING HOME OR O STATE RUCOUNT aryland		ore YES NO X	13. STREET ADDRESS / ZIP CODE 604 Old Riversi	de Road 21225
1240	Blair		cken Sr Bessie	MIDDLE	Ward
160	WAS DECEASED EVER IN U.S. ARM  (YES, NO OR UNKNOWN)  Yes	ED FORCES? 166 SOCIAL SE WAR OR DATES) 190 16	1 1/4 - h 7 D 1/4	ADDRESS IcCracken 228 Edg	Md 21225 evale Rd Balto
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line fai (a), (b) BY: CAUSE (a)	Arrest 2° hypotension	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Then place marker or to buriol. The marker, a ripary, or other mountal	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  (c) CONTRIBUTING TO	DUENCE OF	INAL DISEASE OR CONDITION GIVI	EN IN PART 1/0
19 PILLER	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
8 9 W	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	2 lb. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
hed or	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E FARM ETC) 211. LOCATION	CITY OR TOWN	COUNTY STATE
of Health	220.1 certify that XIX this haspita	September 6.10	N August 24, 1985	to September 6.	19 $85$ , that $\chi$ (we) last and from the causes stated
AT. H Bern	226 SIGNATURE	lallow		MEDICAL STAFF DIRECTOR PHYSICIAN	9/6/85
# the 5	S. Ma	shall mp	3900 Loch R	Raven Blvd. Balti	more MD 21218

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

2369/9/85

George J. Gonce 4001 Ritchie Hgwy Balto Md

23c Name of CEMETERY OF CREMATORY Baltimore National Cem

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Bailtown

Mdiate

126 KIND OF BUSINESS OR INDUSTRY dolar 21216 13e STREET ADDRESS / ZIP CODE MIDDLE ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 6.5 , and that II (my) aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED 9/10/85 Arbutus Memorial Park COUNTY Burial Arbutus Md 250 DATE REC'D. BY REGISTRAR 25 TREGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR William C. March F/H Inc. 4300 Wabash Avenue

- STATE REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

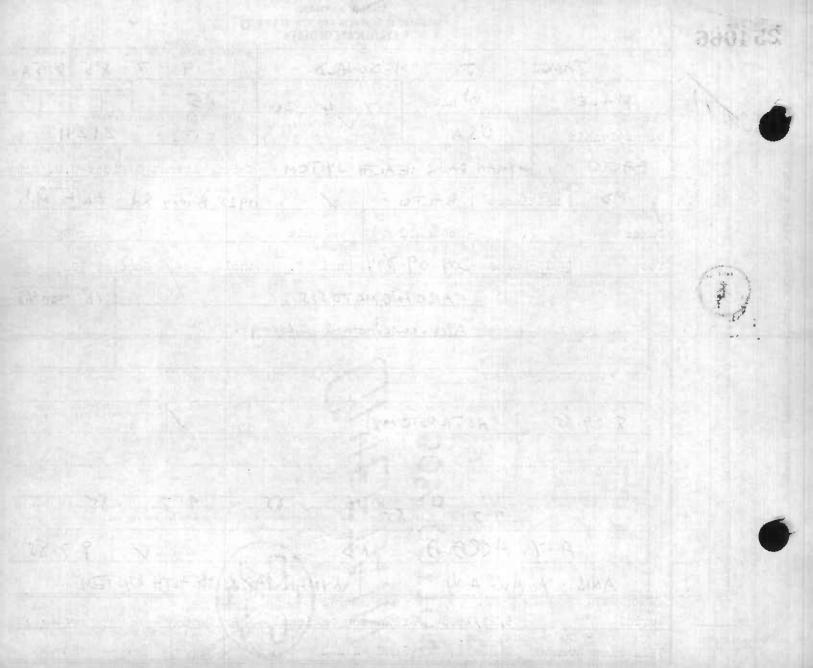
IF UNDER 24 HRS

20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

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16.	(4)	- 10 - 10 mm	) 10	899 444	Section .	
Address of the second		-2/305	ear side	nc8/5 1		

STATE OF MARYLAND



STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔠

REG. NO.

MONTH

2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER YEAR

INDUSTR)

YES |

250 DATE REC'D. BY REGISTRAR 256 REGISTRALS SANATUR

COUNTY

La V Widson

19 that (I) (we) last

22c DATE SIGNED 9-6-85

STATE

Film G607 item

FOR 9/16/85 jps

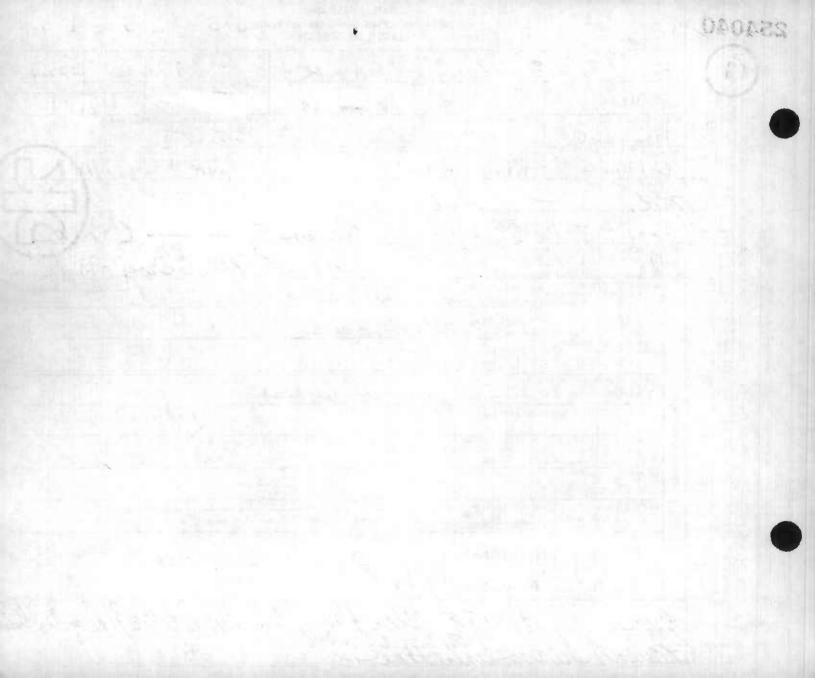
- STATE

REGISTRAR

254040

DHMH - 16 60M 7/84

(VRA 15, 4)



I. DECEASED NAME

TO BIRTHPLACE ISTATE OF FOREIGN

IS CITY OR TOWN OF DEATH

BALTIMORE

MARYT AND

14 FATHER'S NAME

SAMUEL

NO

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR

LYES NO OR UNKNOWN

MACKIE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
130 CITY OR TOWN

WHITE

TYPE OR PRINTS

FEMALE

TEXAS

3. SEX

FOR - STATE CERTIFICATE OF DEATH

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

E.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13¢ CITY OR TOWN

BALTIMORE

LAST

ALFORD

117 TREMONT ROAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MC FALL

5 DATE OF BIRTH

WIDOWED

1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

20 DATE OF DEA

HTA	MONTH	DAY	YEAR	2b. HOUR	
ER	07,	1985		4:45	A

F UNDER 24 HR

126 KIND OF BUSINESS OR

OCTOBER 12,1907	77 YRS	MONTHS DA
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH

SEPTEMB!

6 AGE (IN YEARS LAST BIRTHDAY)

17a USUAL OCCUPATION

BALTIMORE CITY

TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOMEMAKER SELF 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 21229 NOF 117 TREMONT ROAD

FIRST	MIDDLE	LAST
DORA		COOLEY

166 SOCIAL SECURITY NO. 17 INFORMANT 465-16-5714 CARLIS W. Mc FALL

117 TREMONT ROAD

PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Cardiauspuralass  Curett	BETWEEN ONSET AND DEACH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
ANT 2 OTHER CHARLES AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELETED TO THE TENNIN DESCRIPTION	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO		
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(ENTER N	 TY IN ITEM 18 PART I OR PART		

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

sow the decayed alive on above, (I)(we) idid idid not )view the body after death and that in my (aur) apinian death accurred on the date and haur and from the causes stated 22h SIGNATURE ATTENDING MEDICAL

276. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

AT HOME STREET FACTORY OFFICE FARM ETC )

DR. PAUL E. GORMLEY / Dr. WATERFIELD ST. AGNES HOSPITAL

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION BURIAL 9/10/85

LOUDON PARK CEMETERY BALTIMORE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

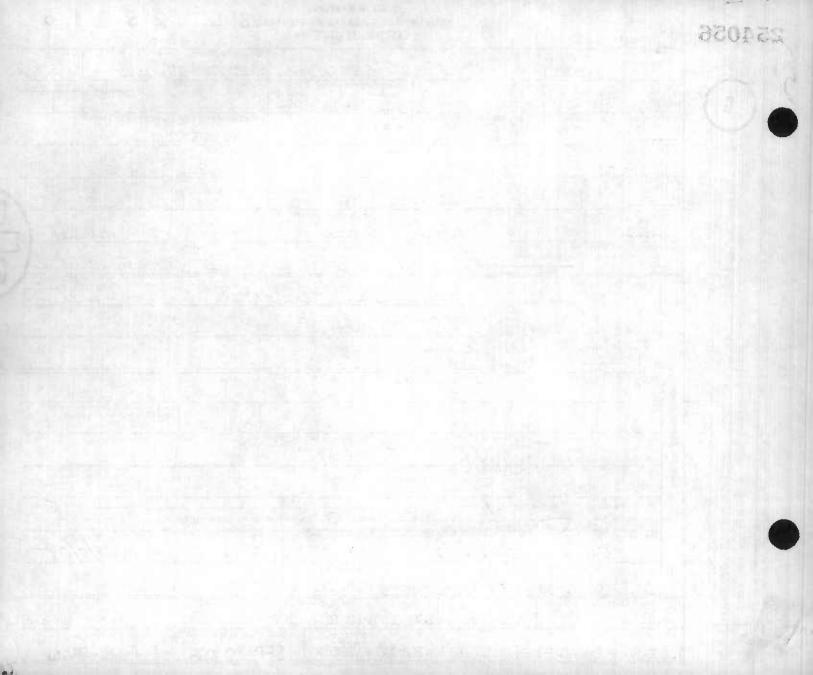
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

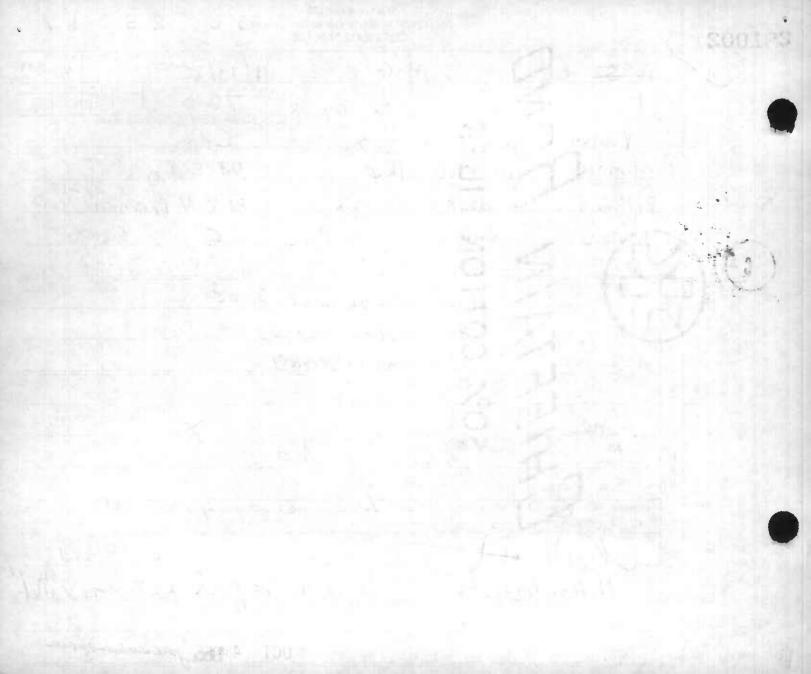
DIRECTOR PHYSICIAN

STATE

18 BP

DHMH - 16 60M 7/84 (VRA 15, 4)





STATE OF MARYLAND

1 - STATE REGISTRAR			DEFARIN		ICATE OF			iene 🔾	REG. N	6.a			*
1 DECEASED NAME	FIRST	٨	AIDDLE	McKe	rnan			2a DATE C	OF DEATH	MONTH	DAY YEA	2b +	IOUR
Da	niel		JAMES	Mc	Cern	an		Ser	otembe	er 17	, 1985	1	1:50ar
1.5EX	U. E.	4 RACE		5. DATE C				6 AGE (IN	YEARS LAST BI	RTHDAY)	MONTHS D	EAR IF UP	DER 24 HRS
Male	100	Canco	sian	Sen		194			44	YRS		AYS HOU	RS MIN.
M. BIRTHPLACE (STATE OR F			WHAT COUNTRY? 8		NEVER MARRIED 🛣		9 BALTIMORE CITY OR COUNTY OF DEATH						
Md.	10000						3	imor	e Cit	У	MD.		
10 CITY OR TOWN OF DEA	ATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER IN	ISTITUTIO	N		OCCUPAT		12b KIN	ID OF BUS	SINESS OR CIAL
Baltimor	e	Mercy	Hospital	Ba	Chinis	ne			Proce		~	-	Admin.
	136 COUN		GIVE RESIDENCE BEFORE	V	13d INSIDE	CITY LIM	ITS?	13e STREET			DE		
Md.	-		Baltimo	re	YES X	NO [		3214	Law	nvie	w Ave	. 21	.213
IL FATHER'S NAME	14.15	MIDDLE	LAST		15 MOTHE				MIDDLE			LAST	
Dani	Daniel P.		McKernan		Margare		et T.				Süter		
16 WAS DECEASED EVER			166 SOCIAL SECUI		17 INFOR				ADDR			905	
(YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	219-38-	8000	Dan.	iel	McK	erna	n (fa	athe:	r) sa	me a	ddres
18 CAUSE OF DEAT			line far iai, (b), and	dic							API	PROXIMATE I	NTERVAL AND DEATH
PART I. DEATH W		D BY:	Probable	4 7	mem.	mai	y 1	refre	when	er	1	em	3
W LOTAR			R AS A CONSEQUE	,	1		0			9			
Conditions, if ony	which		Production	4	lune	Car	ACCA	- Atomir			LA	Post	5

gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? % CONDITION FOR WHICH OPERATION I 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F NOF YES | 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) generated the deceased from saw the deceased alive on\_ and that in (my) (aur) opinion death accurred on the dote and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE DEGREE Th. DATE STONED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CERTIFICATION

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 9/21/85

23t. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park

Baltimore

Md.

24 FUNESCHEMANEK Funeral Home, In c. 3331 Brehms Lane, Balto. Md. 21213 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CHIOTER)S

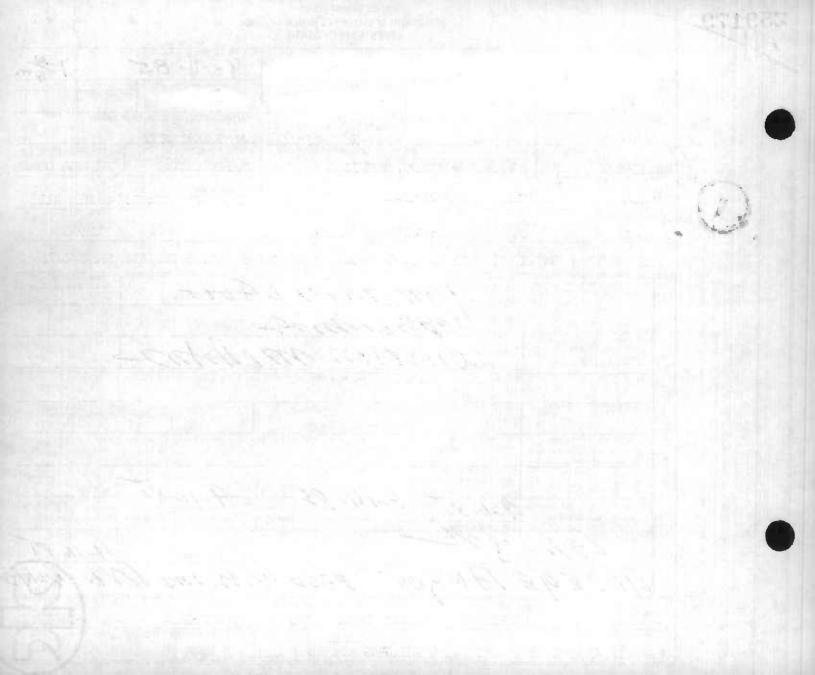
263105	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENES 5	2 NO.	5 3	1 9
pe 3		CEASED NAME FIRST Arthu	r	E.		Kewin	20 DATE OF DEATH	MONTH 09	DAY YEAR	26 HOUR 7:05PM
pog	3 SE	X	4 RACE	1		OF BIRTH	& AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Male	Whi	te	MONT		85	YRS	MONTHS BAYS	HOURS MIN.
oth. Page	. Jo. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	MD.
by the furthiled with	10 C	Baltimore	11. NAME OF (IF NOT IN SU Unic	HOSPITAL, NURSIN ICHFACHITY, GIVE STREET On Memoria	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Owner		GLIFE) INDUSTRY	OF BUSINESS OR Station
filled in movid be	130. Ma		E OR OTHER INSTITUTION	I3c CITY OR TOW Baltim		138 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
pmpletely opd 2 st		ATHER'S NAME Villiam H	arrison	McKewi;	n	15 MOTHER'S MAIDEN NA Cora			Hed]	ır
n ond or Pages		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		RESS		
be exe		No		217-22-	9617	Mrs. Helen E	. McKewin	1001	Argonne I	Dr. 21218
the law requires that ion.  I has been signed by it permit. Then please irene prior to bural, critical and some sony injury, or other instances.	ysicion a requires that the state of the sta	PART 2. OTHER SIGNIFICAN  CORO  190. DATE OF OPERATION	(c)_ NT CONDITIONS C NARY AR	ONTRIBUTING TO D	PALL M DEATH BUT EASE	NOT RELATED TO THE TERM SIP ME X	MINAL DISEASE OR CO	20b. IF Y	REMON	NGS USED
HYSICIAN: T iding physici is certificate burial-transi Mental Hygi or frem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 216 INJURY OCCURRED	DEATH HOUR A	.M. MONTH DA	19	211 LOCATION				
O HOSPITAL OR ATTENDING stoined by the hospital or off the hospital or off the hospital beforched for use or if the off the sort of the off the order of the sort of the off the order or	¥	WHILE NOT WHILE AT WORK	{AT HOME ST	REET, FACTORY, OFFICE F	ARM ETC )	STREET	CITY OR	IOWN	COUNTY	STATE
	226.1 certify that (1) (this has saw the deceased alive above (11) we (idid) did 22b. SIGNATURE  WAREN  22d PHYSICIAN'S NAME (TY ELEANO)	on 9/11 root) view the body  em sur  pe or PRINT;  ee m. E	y ofter death. 19—	m	nd that in (my) our) opinion  DEGREE  ATTENDING PHYSICIAN [  22e ADDRESS  Unic	death occurred on the  MEDICAL ST DIRECTOR PHYS	AFF	221. DATE	causes stated	
BP		SURIAL, CREMATION, REMOV SPECIFY) Burial	236 DATE 9-14-			Ridge			altimore	
DHMH - 16 60M 7/B4 (VRA 15, 4)		tchell-Wiedef	eld Home	6500 Yorl	k Roa		EP 1 6 1985		STRAR'S SIGNATI	

# STATE OF MARYLAND POR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

GIENE	5	2	5	3	2	U	
SILING						- }	

REGIS	TRAR			CERTIN	ICAIL OF DEA	****	REC	G. NO.			
1. DECEASED		M	IDDLE		AST		20 DATE OF DE AT	H MONTH	DAY YEAR	26 HOU	bo.
THE ORPHINI	VINCENT		J.	M	CMAHON		9-1	1-85		13	OM
3. SEX		4.1		S. DATE C	OF BIR)	1540	AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY		Z4 HRS
M	LE,	WHITE		FEB	15, 1	909	76	YRS.	MONTHS DAT	HOURS	MIN.
	CE I STATE OR FOREIGN	76. CIVIZe + V	HAT COUNTRY?	8	D NEVER MAR		BALTIMORE CIT		Y OF DEATH		
MARYI		U.S.A.		WIDOWE			BALTIMOR	E CITY			M
	OWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C			120 USUAL OCCU	PATION		OF BUSINE	
BALTIN	ORE /	JENKINS	MEMORIA	L HOS	PITAL		WAREHOUS	EMAN	GRIN	ELL C	ORI
USUAL RESID	DENCE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)					_		
MARYL.	AND BALT	IMORE	CATONSVI	LIE	130. INSIDE CITY	X. I	205 EAS	T MEDW	ECK GAF	TH 21	228
FATHER'S	NAME	The state of			15 MOTHER'S M	- 70					
PHILLI		J.	MCMAH	ION	ANNIE	ST .	WIDE	LE	MUE	PHY	
		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		Al	DDRESS			- 10
YES	CEASED EVER IN U.S. AR	TT OR DATES)	215-10-5	707	MARY JAI	NE CRI	SP 1240	5 SHELT	ER LAN	E 207	15
	USE OF DEATH (Enter on								APPRO	DXIMATE INTER	IAVS
NO	2 OTHER SIGNIFICANT (		INTRIBUTING TO I				200 AUTOPSY?	20b. IF YE	ES, WERE FINE	DINGS USE	TH?
Ē	CODENT WAS UNDERLYING	7 216. TIME OF	INTITION		121, HOW INTUIT	DV OCCUPE	YES NO		ES	NO [	
00.00	NTRIBUTING CAUSE OF DEA	1 110110 4 4	A. MONTH DA	AY YEAR	111.110 11 114301	KI OCCORRE	D TENTER NATURE OF	INJURY IN HEW ID	PART TORPART2		
~	THER, NOTIFY MEDICAL EXAMINER	P.A		19	211. LOCATION						
WHILE			EET, FACTORY, OFFICE, F	ARM ETC )	STREET		CITY	OR TOWN	COUNTY	5	STATE
AT WOR	K AT WORK	04111		6-1	4-03		1/21	1081			
220.1 6	ertify that (I) (this hospi w the deceased alive an	toll of gladed the	decoyed from_	0-	nd that in (my) (ou	r) pointon de	enth occurred on t	he date and ha	, 19	, that (I) (	
al	pove, (I) (we) (did) (did no	t) view the body	ofter death.			,		3010 0110 110		TE SIGNED	, eu
220. SI	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF									11 B	91
774 DI	YSICIAN'S NAME (TYPE O	D DOING DO	7		PHY 122e. ADDRESS	SICIAN [	DIRECTOR PH	YSICIAN [	1-1-	1120	,
4	EURG	ETT	Ngo		335	b. W	ince	ns 11	NI	-1/2	als
10000000	CREMATION, REMOVAL			NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION	/N	COUNTY		STATE
BURI.	AL	09-14-	85   LO	UDON I	PARK MAUS		BALTIM	ORE		MARYI	
24 FUNERAL		( 0.00)	ADDRESS		21229	250. DATE	REC'D. BY REGIST	RAR 25b. REGIS			
HUBBAI	RD FUNERAL H	HOME, INC	. 4107 W	ILKENS	S AVENUE	SEF	1 3 198	Frehar	Davidson-	Mandel	2

DHMH - 16 50M 4/83 (VRA 15, 4)



#21229

(VR A 15 (4))

STATE OF MARYLAND

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

5 2532

25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEPARTMENT	OF HEALTH	AND M	ENTAL	HYGIEND	
CE	RTIFICATE	OF DE	ATH		

REG. NO.

		CEASED NAME FIRST	M	IDDLE	LAST			2a. DATE OF DE	ATH MONT	H D	AY YEAR	2h HOUR
	(110)	AMANDA	Leig	h MC	MULLE	Ŋ		SEPTEN	MBER	4,1	.985	09:15A
	3 SEX	(	4 RACE		DATE OF BIR		1	6 AGE (IN YEARS	LAST BIRTHDAY		IF UNDER 1 YEAR	IF UNDER 24 HRS
/		Female	Cauc.		March		80	5		YRS.	ONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY? 8	MARRIED []	NEVER MARRI	en iXi	9. BALTIMORE	CITY OR CO	UNTY	OF DEATH	
0	I	Delaware		D • W :	WIDOWED [	DIVORCE	ED 🗌	BALTI		CIT	-	MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		HER INSTITUTION	NC	120 USUAL OCC		WIND LIKE		F BUSINESS OR
7		ALTIMORE	THE JO	HNS HOPK	INS H	OSPITA	L	Chi				one
	USUA 130 S D€	AL RESIDENCE (IF NURSING HOME STATE Elaware K	OR OTHER INSTITUTION, O JNTY ent	136. CITY OR TOWN Hartly	13d	INSIDE CITY LIM		13e.STREET ADD	RESS / ZIP	CODE 19	953 9	9999
0. 1	14 FA	THER'S NAME	- 0 1 51		15 A	MOTHER'S MAIL		AE .		_		
7/		James Mari	on McMu	11en		Pame	la	MI	DD&E	Mas	ten	
2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURI	IY NO. 17 I	NFORMANT			ADDRESS		RD 1	
/	/	No		None	P	amela_	M. N	McMulle	en .	На	rtlv.	Del.19
	V	18 CAUSE OF DEATH (Enter PART ), DEATH WAS CAU IMMED!		andre (	anhys	homas					11	MATE INTERVAL INSET AND DEATH
		Canditions, if any, which gave rise to immediate	DUE TO, OR	AS A CONSEQUENT	Allen F.	neta	boli	i alser	ration	5		
		underlying cause last.	DUE TO, OR	AS A CONSEQUEN	CE OF	ontan	Proc	cedure.				
0	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT	RELATED TO TH	HE TERMI	IN AL DISEASE OF	RCONDITIO	N GIVE	EN IN PART 1 o	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATION WA	1 0.0	C. A	200 AUTOPSY		CERTIFY	, WERE FINDIN	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	CAIN	MONTH DAY		HOW INJURY	OCCURR	0.0	OF INJURY IN IT	EM 18 PA	ART I OR PART 2)	
	72	(IF EITHER NOTIFY MEDICAL EXAMIN		<u>"</u>	19	105111011						
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	ET, FACTORY, OFFICE FARA		LOCATION		Cit	IY OR TOWN		COUNTY	STATE
	1.1	220-1 certify that (1) (this has	pital) attended the	deceased fram		, 19.		, to		1	9	hat (I) (we) last
		saw the deceased alive ( abave, (1) (we) (did) (did	on	ifter death.	, and the	at in (my) (aur) (	apinian d	leath occurred or	the date ar	nd haur	and from the c	auses stated
		220 SIGNATURE	charge		DEGR	ATTENI	DING	MEDICAL DIRECTOR   F	STAFF	X	9-4-	-85
	2/	22d. PHYSICIA 45 NAME 1111	DEPENDY /		22e	ADDRESS					DEPART	MENT OF
		SHUM	NAY /1	CEITZ	3	JOHNS	HOP	KINS	HOSPIT	AL		SURGERY
		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NA		ERY OR CREMA		23d. LOCATIO				
	(:	Burial	9/7/8	5 Sha	ron H	ill Ce	mete	ery "Do	ver	Ke	nt De	elawäre

29 S. ADMain St.

Smyrna, Del. 19977

DHMH - 16 60M 7/84 (VRA 15, 4) Wells A. Faries

DVISOLOE VI AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

9/1.

267103

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND CEDTIFICATE OF DEATH

ile	N	5	-

REGISTRAR		CEKTIF	CATE UP DE	AIN	REG. NO	25	300	3	
I DECEASED NAME FIRST	MIDDLE	Ü	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
Marvin		McQue	een Sr.		September	18, 1	985	M	
3. SEX 4. RAC	E	5 DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS	
Male	31ack	MONTH	DAY	1898	00	YRS	NIHS DAYS	HOURS MIN.	
	IZEN OF WHAT COUNTRY?	8			9 BALTIMORE CITY OF	COUNTYO	FDEATH		
SOUTH CAROLINA	USA	WIDOWE	DEVER MA	ARRIED	Baltimor	e City	/	MD.	
	AME OF HOSPITAL, NURSIN				120 USUAL OCCUPATIO	N	126 KIND O	F BUSINESS OR	
	3505" Men 16" br				(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY		
130 STATE 136 COUNTY	NSTITUTION GIVE RESIDENCE BEFORE		134 INSIDE CIT	Y LIMITS?	3505 Men 1	ZIP CODE	212	16	
14 FATHER'S NAME	54.01		YES X 1			Dr.	212.	13	
FIRST MIDDLE	LAST			NAIDEN NAN	WIDDIE		LAS	ī	
? McQUEEI			CATHE		ADDRE				
160 WAS DECEASED EVER IN U.S. ARMED FI (YES, NO OR UNKNOWN) (IF YES, GIVE WAR O	OR DATES)		17 INFORMAN		ADDRES			2121	
NO	240-07	-7150	A MAF	RVIN	1cQUEEN JR	. 350	5 MEN	VLO DR.	
18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY:	couse per line for (a), (b), gnd	die	1	-			BETWEEN	MATE INTERVAL ONSET AND DEATH	
IMMEDIATE CAU	ISE 10) and	reos	elero	ns					
D	UE TO, OR AS A CONSEQUE	NCE OF							
Conditions, if any, which	(b)				1 (7)				
	UE TO, OR AS A CONSEQUE	NCE OF							
underlying couse lost.	(c)								
PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR COND	ITION GIVEN	IN PART TO		
190 DATE OF OPERATION 15	or al doul	teo,	ucces	ch.	ruga	as c			
S 190 DATE OF OPERATION	CONDITION FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II			
=					YES NO	YES		NO 🗆	
On COLUMN TO LOCALIST ON COLUMN TO SERVICE OF COLUM	IB. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART	I OR PART 2)		
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
- L	e. PLACE OF INJURY	ARM ETC )	211 LOCATION	4	CITY OF TOW	10	COUNTY	STATE	
AT WORK AT WORK						FOLLY V			
220.1 certify that (I) (this haspital) Start saw the deceased plive an	tended the deceased from	April	19,	19_85				that (1) (we) lost	
saw the deceased alive an obove, (I) (Wg) (did) (did not) view		, an	id that in (my) (a	our) opinion d	leoth occurred on the da	te and hour a	nd from the	couses stated	
226 SIGNATURE	1		DEGREE			E TILE	22c. DATE		
1 Cone	-072	) M.		YSICIAN X	MEDICAL STAF	AN	9-19	9-85	
224 PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS	8630	Liberty Pla	za Mal	.1		
Jerome H. Ginsber	rg, M. D.		Randallstown, Md. 21133						

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as TO FUNERAL DIRECTOR

MPORTANT: If Item 21 is

marked or Item 18 shows any

23a BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

9/25/85

230 NAME OF CEMEBER BOR EREALATORY CAROLINA GARDENS

RELEIGH

NORTH CAROLINA 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Wm. T. March F/H 1101 E. North Ave.

7

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20s IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO 2 IL HOW INJURY OCCURRED (ENTERINATURE OF POURS AND THE PART I DEPART I) CIDUMIN STATE d that in (my) pur opinion death occurred in the date and hour and from the cause state 22c DATE SIC ld be deto 22e ADDRESS Illa BURIAL REMATION, REMOVAL 21b DATE 23/ NAME OF CEMETERY OR CREMATORY 9/13/85 CROWNSVILLE VET. BALTIMORE, MARYLAND 24 FUNERAL DIRECTOR 25¢ DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DYETT 4600 LIB. HGHTS.AVE. - -----(VRA 15, 4)

STATE OF MARYLAND

2h HOUR

126 KIND OF BUSINESS OR

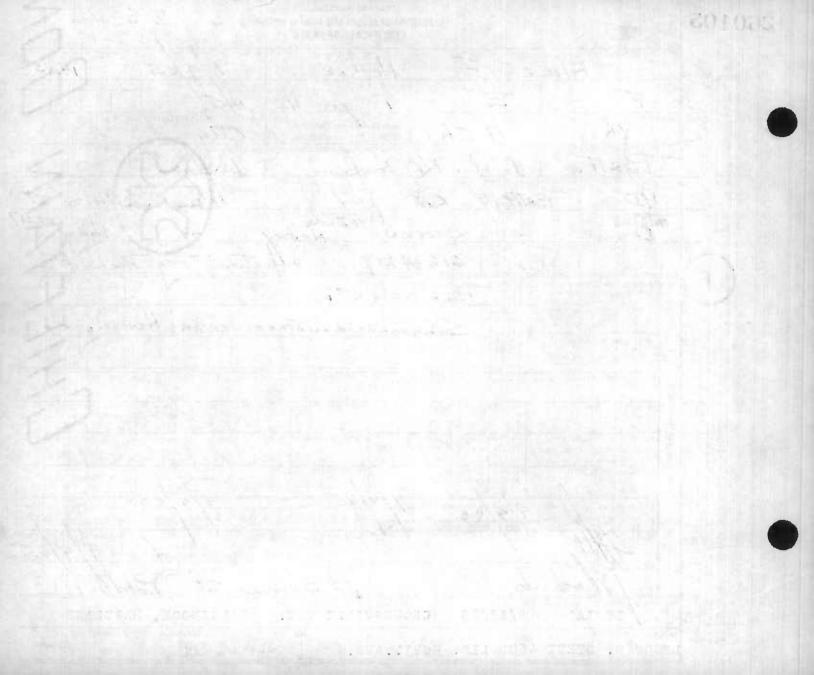
IF UNDER 21 HRS

UNDER I YEAR

INDUSTRY

JIHORE

DHMH - 16 60M 7/84



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

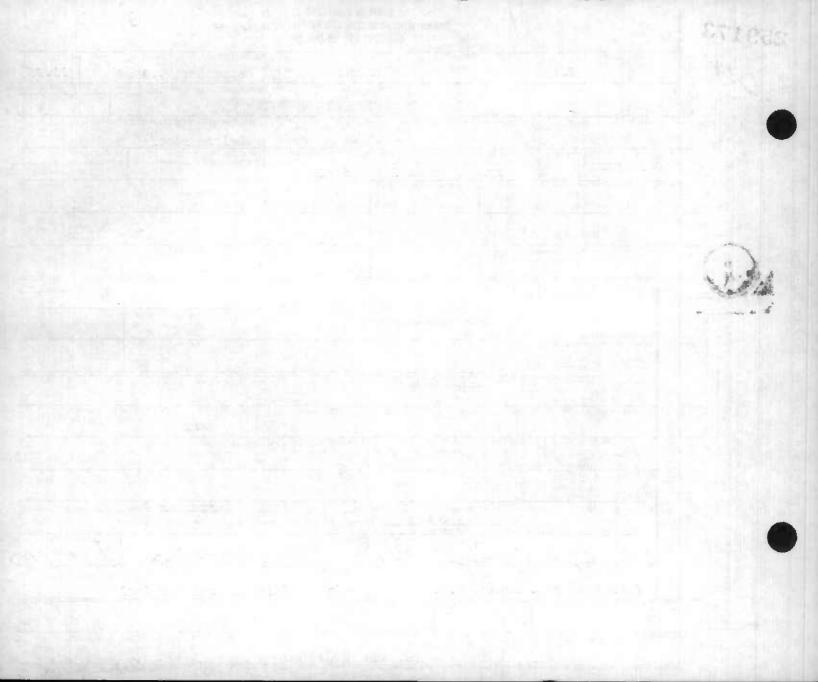
### STATE OF MARYLAND

	Com	C	0	6-	3
				1	"
10					

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			( )	4	
+	1 DEC	CEASED NAME	FIRST		AIDDLE		AST		20 DATE OF D	EATH MO	ONTH	DAY	YEAR	2b. HOUR	20
	[TYPE	OR PRINT)	Lloya	AN AN	THONY	MC	SHANE	- 36	Septe					11:3	$5_{M}^{A}$
	3. SE	X		4. RACE		5. DATE C		YEAR	6 AGE INYEA	RS LAST BIRTHE	DAY	IF UNDER	1 YEAR	IF UNDER 24 H	RS IN
3		MALE	237.5	BLAC	K	1	16	15	70		YRS		54.5	NOORS IN	
-	7a. BII	RTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY	? 8			9 BALTIMORI	CITY OR		OF DEA	ATH		
5	· ·	MARYLAND		U.S		WIDOWE		NORCED [		imore		4			MD.
7		ity or town of de Baltimore	ATH		OSPITAL, NURS		R OTHER INS	TITUTION	120 USUAL OC	CUPATION ORMOST OF V	WORKING LI	FE) LINDI		F BUSINESS	OR
0					and Gene		spital		RIGGE	OR MOST OF W	Co	BE1	THLE	HEM ST	EE
111	13a. S	AL RESIDENCE (IF NUI	113h COLIN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE (	TTV LIAALTS?	13e STREET AD	IDPESS / 7	ZIP CODI				
5	M	MARYLAND	-	and the second second second	BALTIN	MORE	YES A	NO 🗍	1111	Park			212	01	
	14 FA	THER'S NAME			C. (b.		15 MOTHER	S MAIDEN NA			73.43.1				
0		FIRST	N	AIDDLE	McSHAN	VIE.	1 11	I I F		MAE			GR	AY	
-		OHN VAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b SOCIAL SEC		17 INFORM			ADDRESS	S		CIT	AT	
	- 0	YEX NO OR UNKNOWN)	1	WAR OR DATES)	212-09-	-9294	MARY L	EE, 283	33 EDGE	COMB (	CIRCL	E, N	NORT	Н	
		18 CAUSE OF DEA	TH (Enter onl	y one couse per	line for to1, (b), o	and (ci.)						86	APPROXIM	MATE INTERVAL	TH
-		PART I DE ATH		BY: CAUSE (a)	Cerebro	ovascu	lar acc	ident							-
1			W.W. E. D. V. V.		AS A CONSEO	HENCE OF							Trans.		
		Conditions, if on	y, which	(b)	AS A CONSEC	OLIACE OI									
		gave rise to in	nmediate	DUIT TO OF	AS A CONSEO	UENICE OF		- C	1 4150						
		underlying cous		( S)	AS A CONSECU	UENCE OF						- 8			
		PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE	OR CONDI	TION GIV	VEN IN P	ART lig		
	O														
	CATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFO	DRMED	200 AUTOP					IGS USED	
1	F								YES []	NOKK		fying C. Es 🗀	AUSES	OF DEATH?	
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		BURIAL, CREMATION	, REMOVAL	236 DATE		NAME OF C				RIOWN		COUNT	Y	STATE	
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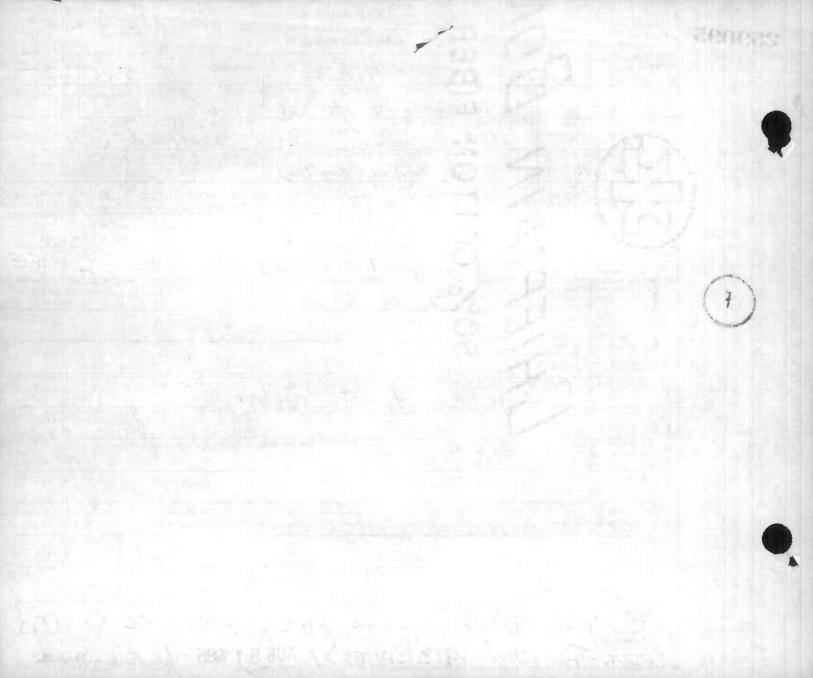
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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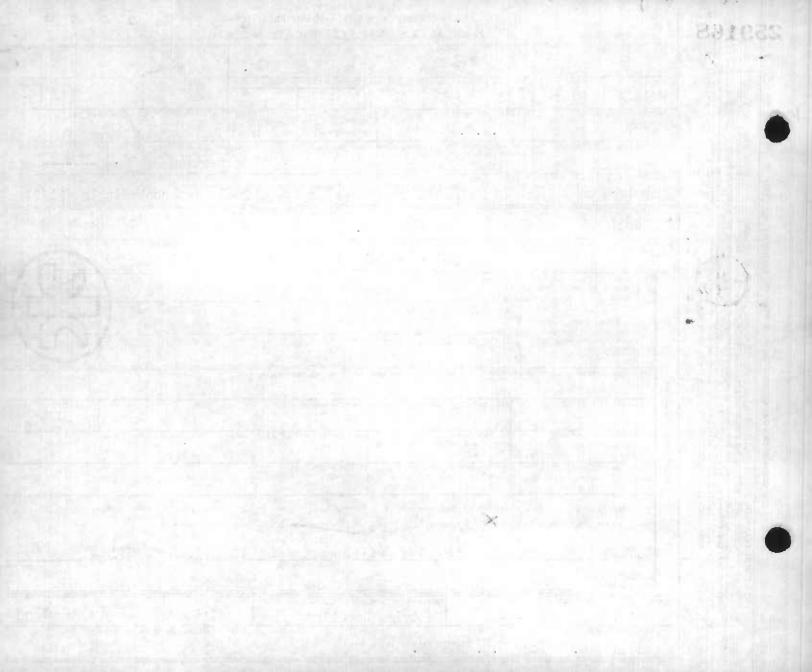
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2.1			(c)										
43.6	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  Urinary Tract Infection; Organic Brain Syndrome; Congestive Heart Failures											
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2 2 2 2	15	140 DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPSY?	S, WERE FINDI FYING CAUSE:				
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000		Thomas H	A	MD			TTENDING _		AFF	91	~/05		
331 5		O Minas It	-Octivory	110		22e ADDRESS	HYSICIAN [	DIRECTOR   PHYS	ICIAN 🗂	111	5/60		
the S		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	0110						/			
TO FUNE should be with the S		nomas Hoaney, M. D. c/o Maryland General Hosp								tal			
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ORE, MC	CEATH CASS-H	1	Curtis		MIDDIE e	00	inson S		15. MOTHER'S MAI Cathe		WIDDLE	RESS	Wilson	1
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07/B4 25M	BP 315	(	URIAL, CREMAT Burial UNERAL DIREC	TION, REMOVAL	9-6-85	- 27	stview			B	altimore			ryTand
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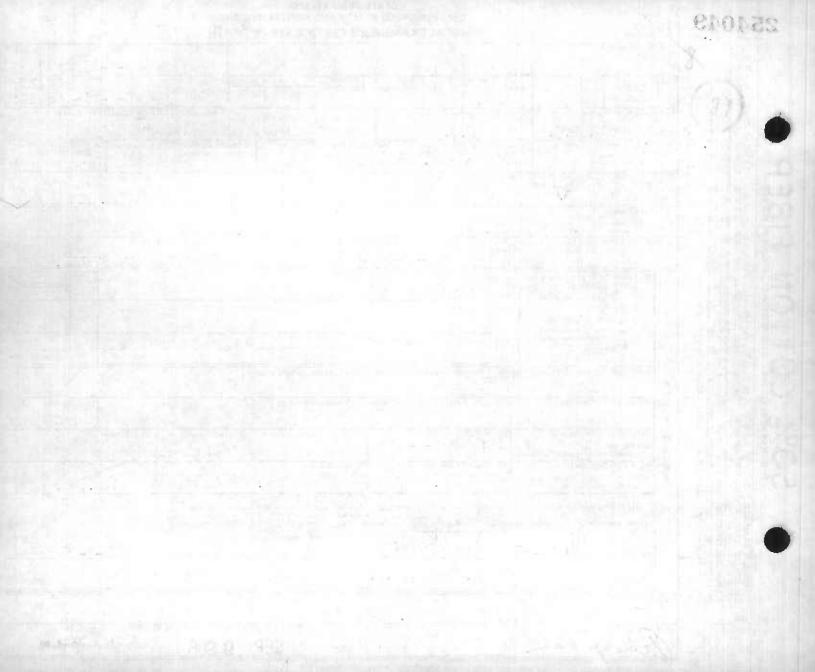
Items 18-22a 10/30/85 mtb F#608 STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 254049 -STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-9-2-85 DEATH MATED ALTON 3 SEX 4 RACE F UNDER 24 HRS DATE 2AMOUR LAST BIRTHDAY PRONOUNCED MALE WHITE 9-2-85 12:04 4. 1960 24 YRS DEAD Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED T Baltimore City WASHINGTON, D.C. DIVORCED X WIDOWED [ 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY Baltimore Northern Pkwy. &Exit 32 off ramp MACHINIST MACHINE SHOP LIAL RESIDENCE (IF IN NUMBER) 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORF YES [] NO 8101 RIDGETOWN DR A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST HERBERT V. MELSON SR. AGNES I. MURRAY 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO NO 221-44-7087 HERBERT MELSON CHARLOTTESVILLE. IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) A BURIAL - TRANSII - E H AND MENTAL HYGIENE BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a TO MEDICAL EXAMINER: THIS CERTIFICATE STRUCKE SECURITY SECOND THE CREVITIONS THE WOORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A LETER DEATH WITH THE STATE DEPARTMENT OF HEALTH, BATTILMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM 19ª DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR driver of auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Northern Pkwy.&JFK west off. hgwy. Balto. Md. 220. I certify that I took charge of the remains described above, held an Inquiry and in my opinian Undetermined manner Natural causes TITLE (SPECIFY DATE -2-85 MEDICAL EXAMINER Margarita A. Korel, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 9/5/85 BURIAL. ST. GEORGE'S CEMETERY CLARKSVILLE SUSSEX DELAWARE 07/84 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRES5 FRANKFORD. DELAWARF (VR A15 ME (51)

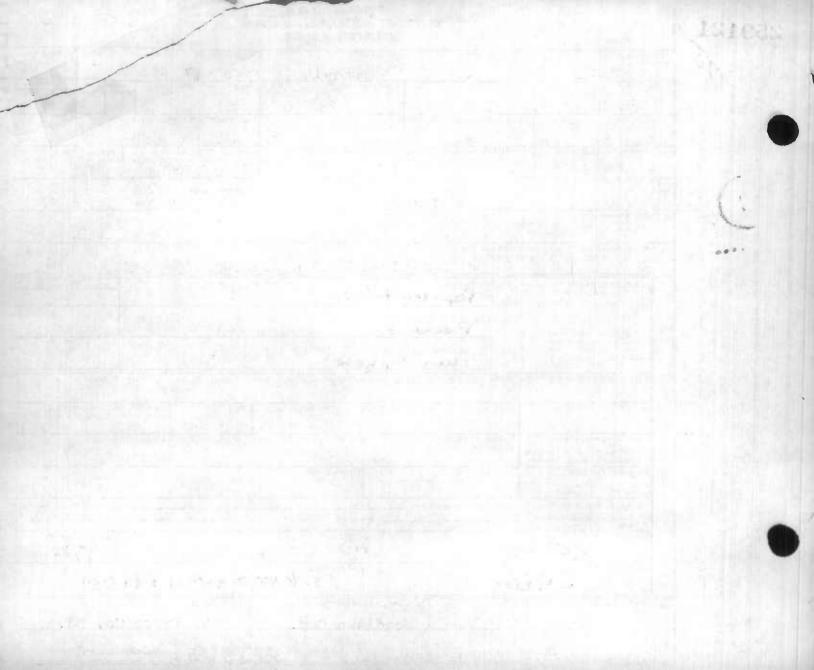
STATE OF MARYLAND



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17)		CEASED NAME	FIRST		MIDDLE		AST	20.	DATE OF DEATH	MONTH DAT		2b. HOUR	
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by the full filled within	1	3 altim	000	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			21215		USUAL OCCUPATE PE OF WORK FOR MOST O Retired	12b. KIND OF BUSINESS OR INDUSTRY			
filled in by ould be fill	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUNTY)		ROTHER INSTITUTION GIVE RESIDENCE BEFORE ALL NTY 131. CITY OR TOWN BALLIMO.		TOWN TOWN TMORE	WN 13d. INSIDE CITY LIMITS?  YES X NO		3806 Hickory Ave			21211	
ary sh	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDER	NNAME	WIDDIE		LAS	1	
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NG PHYSICIAN. The low requires that the death cert ottending physician. Iter this certificate has been signed by the ottending is the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or reforked or them 18 shows ony injury, or other traumotic expenses.	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED		POR AUTOPSY?	206. IF YES, YES	WERE FINDINING CAUSES	NGS USED OF DEATH? NO	
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Sho of Sho		BURIAL, CREMATION	V, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMAT	ORY 2	23d LOCATION		COUNTY	STATE	
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DHMH - 16 50M 4/83		JNERAL DIRECTOR			_ ADDs	<b>1£</b> 55			C'D. BY REGISTRAR				
(VRA 15, 4)	A	. Alan Se	ıtz, J	r. 3818	Roland	Ave. 2	1211	SFP :	23 <b>1985</b>	Julia Das	1400V-N	milante	

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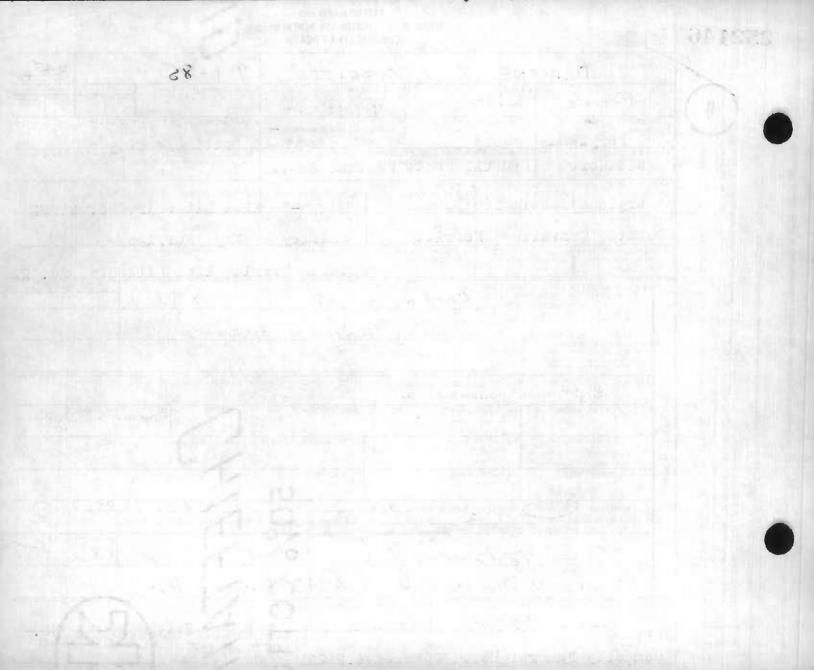
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ARTICLES	6 1	FOR STATE REGISTRAR		STATE OF MARYLAND INT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5	25334
SER   SERVICE   STATE OF HORSE   STATE OF HORSE   SERVICE   STATE OF HORSE   STATE   SERVICE   STATE   STAT		E OR RD(n/T)				
Definition   Def	5 -					
Maryland USA WIDOWED DINORED TO RELIEVE MARKED TO THE YEAR OF BUSINESS WIDOWS OF DEATH BUT IN NAME OF ROSPITAL NURSING HOME OR OTHER HISTITUTION THE SUBJECT OF SUBJECT OF THE STORY OF THE	) D. SI			MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MI
Baltimore  Baltimore  Fredrichs Scotter in the properties of the p	Jan 8	COUNTRY)	*****			
13. STATE   13. STREET ADDRESS   13. STREET ADDRE	70.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 176. KIND OF BUSINESS
DONALD CATVILLE METITE  THE WAS DECEASEDEVER IN U.S. ARMED FORCES?  THE COUNTY HOUSE CONTROL OF THE COUNTY O	130.	Maryland Bal	INTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO. 13	1201 Hill	shire Rd. 21222
Total Cause of DEATH lenter only one couse per line for (a), (b), and (c)	VI	onald Carvi	lle Merritt	Shirley	May Ru	ffino
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS ACONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (b), increasing respiratory distress  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100  Right Lung Prevention  198 CONDITIONS FOR WHICH OPERATION WAS PERFORMED  199 DATE OF OPERATION  199 CONDITIONS ON FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  210 IF YES, WERE FINDINGS USED IN CERTIFITING CAUSES OF DEATH?  YES NO YES NO  YES N	2 160	(YES. NO OR UNKNOWN) (# YES. G		-		
Right Lung preumonia    196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   206. AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YES   YES   NO   YES   Y		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN  (b) IN CEPCLE INC.  DUE TO, OR AS A CONSEQUEN  (c)	ce of		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21d. INJU	NO.			ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. ADDRESS  27e. PLACE OF REINIT  27e. ADDRESS  27e. ADDRESS  27e. ADDRESS  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. DATE SIGNED  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME	TIFICATI	· · · · ·		PERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
220.1 certify that (1) (this hospital attended the deceased from 9-1 19 5 to 9-2 19 5 that (1) (we) saw the deceased alive on above, (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22c. Physician's Name (1795 or PRINT)  22c. Physician's Name (1795 or PRINT)  22c. Date Signed  22		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY	YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1 OR PART ?)
sow the deceased alive an	MEDI				CITY OR TO	WN COUNTY STATE
276. SIGNATURE  Translage D. Rocke, M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI		saw the deceased alive a	7-2 10 8		to 9-2 n death occurred an the do	19 85, that (I) we late and hour and from the causes stated
Stanley D. Drake, M.D. 4940 Eastern Ave.  130. BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION CHYOR TOWN COUNTY STATE  Burial 9/5/85 Oak Tawm Cemetery Political Politics	,		D. Doke,	M-N ATTENDING PHYSICIAN	MEDICAL STAI	FF L 9-1-85
Burial 9/5/85 Oak Tawn Cemetery Reltimone		Stanley	1 00	1010	Eastern F	tue.
Burial   9/5/85   Oak Lawn Cemetery   Paltimone	230.			ME OF CEMETERY OR CREMATORY		COUNTY STATE
		Burial	9/5/85 Oal	Lawn Cemeter	y Ba	1+1 2000

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certifical memory with the death, rage 4 may be	ined by the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the ottending phys. an and conductivities in the transition of a signed of use os the burnot-transit permit. Then please remove corban poor.	

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

7922 Wise Avenue

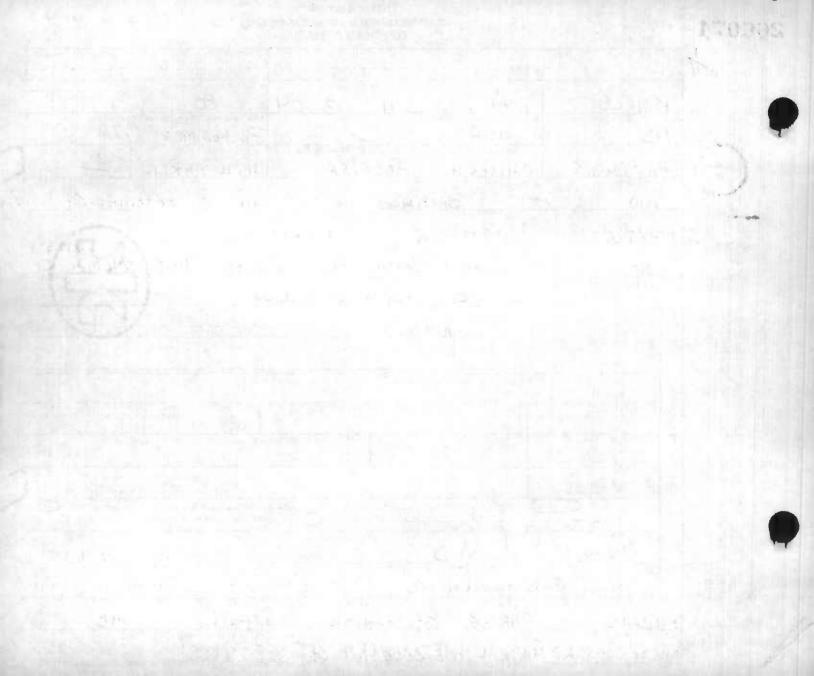
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	WE O TO THIS WAY						REC	, NO.					
	ECEASED NAME FIRST		MIDDLE		LAS1		20. DATE OF DEAT	H MONTH	DAY Y	EAR 7	<b>76</b> HOU	IR	
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11.51	EX	4 RACE		5 DATE (	OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	WONTHS		IF UNDER	24 HRS	
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Va	CITY OR TOWN OF DEATH		HOSPITAL, NUR		OR OTHER INST	ITUTION	120 USUAL OCCUP			IND OF	BUSINE	SSOR	
16	ALTIMORE	MERC	HY	05 P	ITAL	-	Housewi:	Ee					
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The second		imore	Dundal	Lk		NO 🖈	7205 Ge:	rman Hi	ill R	oad		21222	
XI.	FATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	.E MIDDI	E		LAST			
_	Lawrence		Buehner			zabeth			Se	ewel	1		
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	NT	AD	DRESS					
1	No		220-36-	-2655	Roy E.	Messar	is	Sar	ne as				
	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY									WEENON	PROXIMATE INTERVAL		
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	due to, or as a consequence of												
	Conditions, if ony, which gove rise to immediate												
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z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR C	ONDITION G	IVEN IN PA	ART 1 o			
CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	1200 AUTOPSY?	70b IF Y	ES, WERE F	INDINC	35 LISER	0	
FIC	DAIL OF GLERNING	110 00.15						IN CERT	IFYING CA	AUSES O	OF DEAT	TH?	
ERT	710. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		171c HOW IN	JURY OCCURRE	YES NOL		YES	APT 2)	NO [		
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH						, , , , , , , , , , , , , , , , , , , ,				
MEDICAL	116 INJURY OCCURRED	P. PLACE		19	21f LOCATIO	)N		-					
A	WHILE IN NOT WHILE IT		REET FACTORY OFFI	CE, FARM, ETC )	STREET		CITY	PRIOWN	COUP	VTY	5	STATE	
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	sow the deceased alive an	913	15	-0		and the same of th	eath occurred on th	e date and he	our and fra		. (		
	above (I) (we) (did) (did no	t) view the body	ofter death		DEGREE				220	DATES	IGNED		
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1	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRES		DIRECTOR FIT	I SICIAIN [2]			/		
	CHRISTINE J	BELL - L	AFFELN	IM WAN	301	ST. PA	WL'S PLAC	E, BAL	TO. N	ND 2	1120	12	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	2:	31 NAME OF	EMETERY OR	REMATORY	23d LOCATION	NI.	COUNTY				
	Burial	9/6/1		Sacred	Heart C	f Jesus			ltimo:		Mar	vland	
	FUNERAL DIRECTOR Duda-F	Ruck, IN					REC'S BY RECISTI					10480	
	7922 Wise Avenue		- DDAES	arvland	21222		OLI UI	and a.					

Dundalk, Maryland 21222

SPESIS CATRONA A INESSARIA OF BE SEE STIMU IN SIGNED BATTIMORE MERCY HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 266074 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTS GERTRUDE MICHALSKI SEPTEMBER 14 1985 4 RACE 3. 5EX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYS ( STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN MARRIED NEVER MARRIED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME 17h MIND OF BUSINESS OR tome maker 136 COUNTY 13e STREET ADDRESS / Hotomac St 21224 ti HORE 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LNKNOWN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Votomac 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Congastive Heart Failure CONGESTIVE HEART IMMEDIATE CAUSE (0) FAILURE DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIOVASCULAR Canditions, if ony, which ASCUN gave rise to immediate DISEASE cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 TIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO IT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE CEPTEMBER 30 220 I certify that (1) this haspital attended the deceased from, 19 85 and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 226 SIGNA NR DEGREE 22r. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN THOMAS C. DETWHITERESMD. CHURCH HOSPITAL CORPORATION Detweiler MA 100 N. BROADWAY, BALTIMORE, MD. 21231 23r NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 www.doon-fandale (VRA 15, 4)



STATE OF MARYLAND

389 KA 986 Julio 24 145 145 1

### FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

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ERM	INAL DIS	SEASE	OR CON	IDITION	GIVEN	IN PART	lo	W. N.
	20a	AUTO	PSY?	206. IF	YES, W	ERE FIND	INGS US	ED
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CURI	RED (EN	TER NAT	URE OF INJU	IRY IN ITEM 1	18 PAR1	1 OR PART 2}		
			CITY OR TO	)WN		COUNTY		STATE
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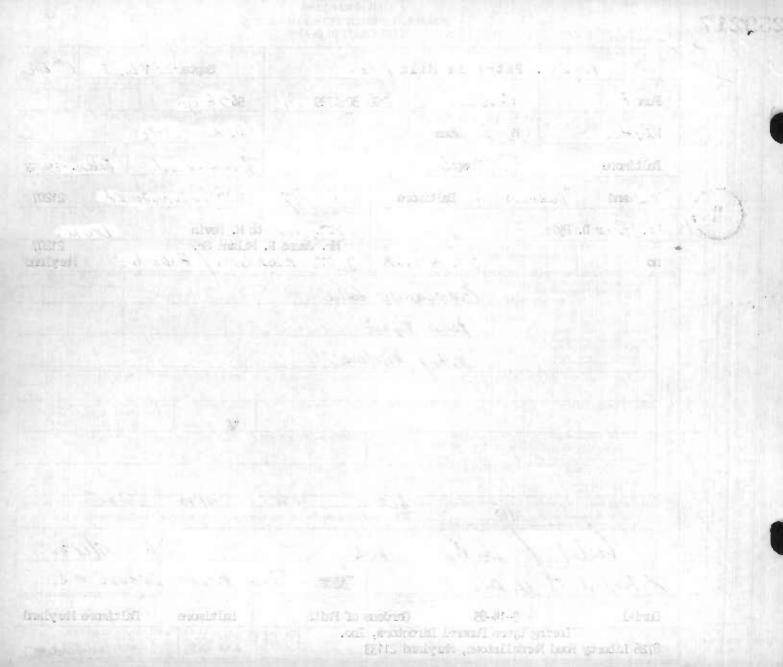
Mrs. P. Patricia Milani 4 RACE 5 DATE OF BIRTH July 30 1929 Female Caucasain MINTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland United States WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (HOSTITUS) SUCH FACILITY, GNV STREET ADDRESS) I CITY OR TOWN OF DEATH Sinai Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
1 13d INSIDE CITY LIMIT YES [] NO 15. MOTHER'S MAIDEN Mr. Walter D. Hyle Mrs. Eliz 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOT IAL SECURITY NO 17 INFORMANIAMES 2019 Kenn 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and tau)
PART I. DEATH WAS CAUSED BY redicularità dailul IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Factor Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Wildole Muclana PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21E HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETTHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE STAFF MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE PRINT) 22e ADDRESS Dinai Busphol Balhware, M.S. 23d LOCATION 23E NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 236. DATE Burial Baltimore Baltimore Maryland 9-14-85 Gardens of Faith

DHMH - 16 50M 4/83 (VRA 15, 4)

Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

BY REGISTRAR 256. REGISTRAR'S SIGNATURE John Levidson Rando

22c. DATE SIGNED



DHMH - 16 60M 7/84 (VRA.15, 4)

7401 BelAIR Rd. BALTO. MD. 21236

250. DATE REC'D. BY REGISTIVALITY HE GISTRALES

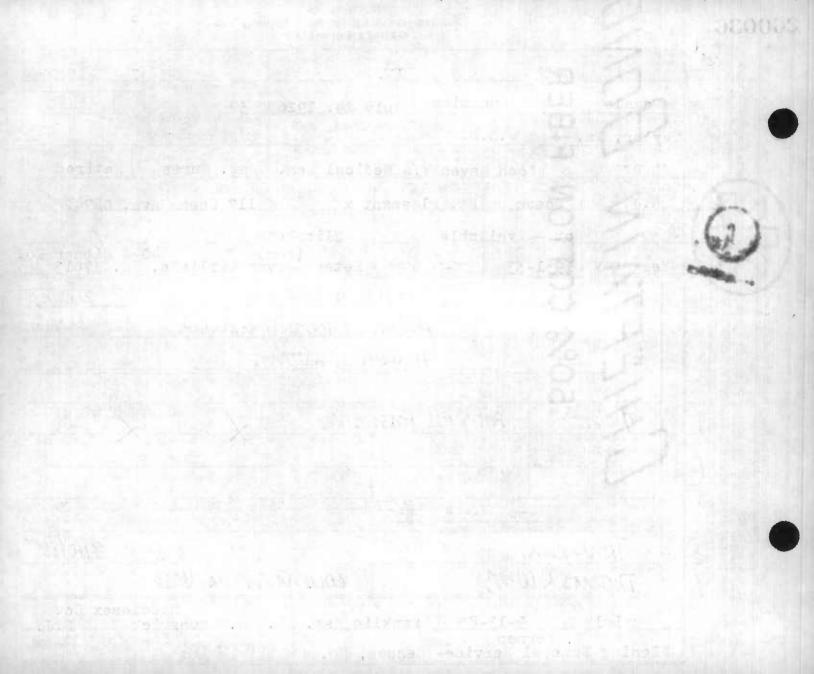
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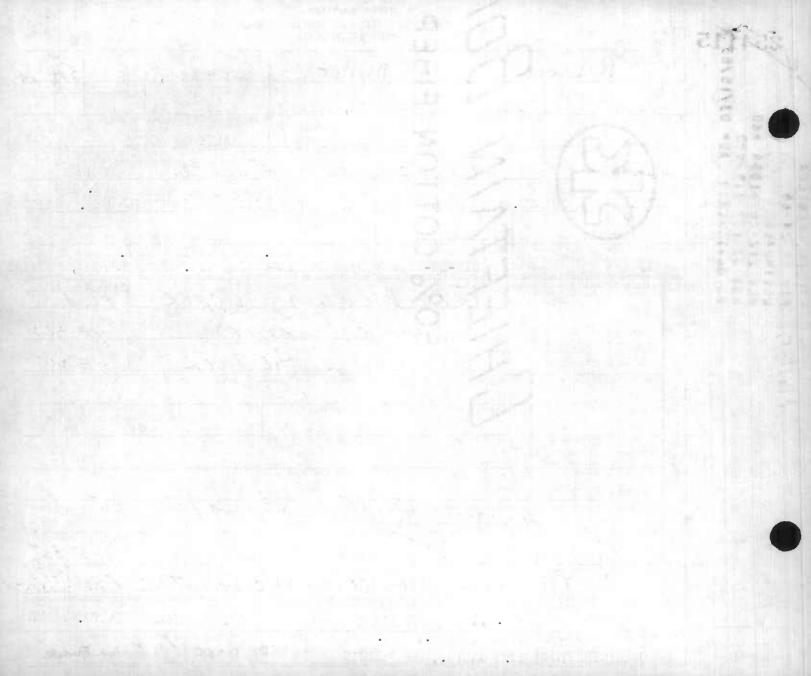
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(VRA 15, 4)

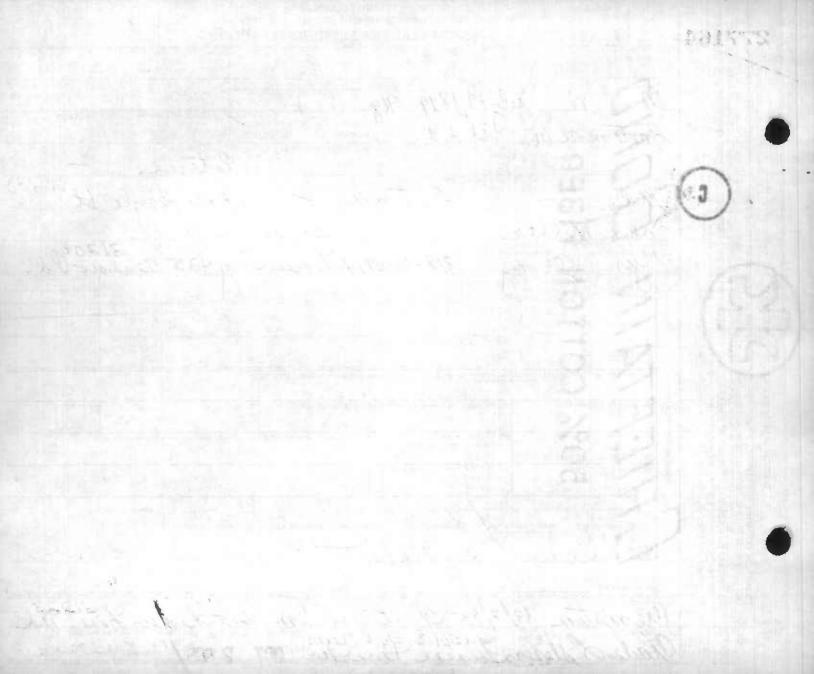
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	3. SE)	X	(	RACE		5. DATE O			6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNE	DERTYEAR	IF UNDER 74 H			
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1	10 CI	TY OR TOWN OF DEA	ATH 11	(IF NOT IN SUCH FACILITY, GIVE STREET APDRESS)						128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY.						
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	8	Conditions, if any, gove rise to imm		(b)		MYPUK	10/1/	CARNO	DUNNU	iun		1				
I		couse (o), stotin underlying couse	ig the	DUE TO, OR	AS A CONSE	HEMAN	KANRI	A CTADA	4.0							
	NO	PART 2 OTHER SIGN	nificant coi	nditions <u>co</u>	NTRIBUTING !	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE (	)R CONDITION	GIVEN IN	PART 10				
Ì	CERTIFICATION	190 DATE OF OPERA	TION		-	ICH OPERATION			20e AUTOP	5Y? 20b. IF	YES, WER	RE FINDIN	IGS USED OF DEATH?			
	RTIF	0/00/83			1781101	LOSX	31980			100	YEA	-	NO 🗌			
ľ		OR CONTRIBUTING		HOUR A.A	A. MONTH	DAY YEAR	216 HOW INJ	URY OCCURR	ED (MIENATUI	RE OF INJURY IN ITEM	my de la	ART 2)	1.1			
	CAL	(IF EITHER, NOTIFY MEDI		P.A		19										
	MEDICAL	214 INJURY OCCURE		21e PLACE C	F INJURY	CE FARM ETC }	211 LOCATION	N		CITY OR TOWN	C	OUNTY	STATE			
	~	AT WORK AT WO	RK						190							
		220 I certify that	(this hospital	ottended the	deceased fro	- AUGUS	T 9	. 1985	_ to_SEP	TEMBER	7. 19_	85	that X (we) I			
		sow the decease obove, (X(we) (c	did) (Nd)	SEPTEM new the body	SER / 19	9 <u>85</u> , on	d that in XuX (	our) opinion d	eath occurred	on the dote and	hour and	from the o	couses stated			
	19	22b. SIGNATURE	501				DEGREE				7	22c. DATE	DISS			
	30	INW	USSW	6				TENDING HYSICIAN	MEDICAL DIRECTOR	PHYSICIAN X		71	10187			
		22d. PHYSICIAN'S NA	AME (TYPE OR PE	WES			22e ADDRESS		K. ( 1/	4 NOSP	)					
		INUM	ASNI	woo)			ul	NINI	W V	1 NOTA						
Ì		URIAL, CREMATION,	REMOVAL	23b. DATE		3c NAME OF CI	METERY OR CI	REMATORY	23d LOCATI	ON Mi	ddle	gex	CO STATE			
		Burial		9-13-	-85	Frankl	in Men		N. I	Brunswi	ick		N.T			
	24 FL			rnes	ADDRES	55		250 DATE	REC'D. BY REC	SISTRAR 256. REC						
1	1	leming F	unera	1 Ser	vice-	Benson	n. Md	- 0	EP 13	TURK S	TO MANA	mission	-gandel			



DIVISION OF VITAL RECORDS.



	4			STATE OF MARYLAND	0 10	- 1 3
	1	FOR	DEPARTMENT	OF HEALTH AND MENTAL H	YGIENE 2 5	0 4 0
2004 C	A	STATE	MEDICAL EXAL	MINER'S CERTIFICATE O	EKEATH	
27716	4	REGISTRAR		WIINER 3 CERTIFICATE O	REG. NO.	
1.41		CÉASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
11) It has a some	(11	PE OR PRINT)	3 5	342.3.3	OF ESTI-	9-29 , 85
2823		Reinolo		Miller		17 M
知りまる場	3. SE	X 4 RACE 5		(IN YEARS IF UNDER 1 YR. IF UNDER	24 FIRS IZE. DATE	ONTH DAY YEAR 24 HOUR
一部年20	100	$M \mid M \mid M$	17 1904	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	10 1 05 12:45
89555		// //	Acce 11.1074	7/1/2		10- 1 19 85 a: M
SAY FISH	70 B	IRTHPLACE (STATE OR	CHIEN OF WHAT COUNTRY?	48 MARRIED NEVER MARRI	9 BALTIMORE CITY OR C	OUNTY OF DEATH
日本の日本		The state of the s	U71 1 1			C. L.
25.5	- 1	racemon n.	M. A. h.	WIDOWED DIVORCI		
25485	HET	ATY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF V	VORK 126 KIND OF BUSINESS
2年4世紀	x	2-11-3	(IF NOT IN SUCH FACILITY, GIVE STREET ADD		FOR OST OF LOAKING LIFE)	OR INDUSTRY
# # # # # # # # # # # # # # # # # # #		Baltimore	1440 Boyle Str		Verted	
2 2 2 2 2	LSU LSU	AL RESIDENCE (IF IN NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE A			0 112130
29 20	. 10	136 COUNTY	13C 3 Y OR 19		13e STREET ADDRESS	0 119900
· · · · · · · · · · · · · · · · · · ·	20 L	Ma, -	Rall	MILL YES TO NO [	1740 Brown	e sti
5 1000 S	1163	THERSMAME		15. MQTHER'S MAIDE	N NAME	
403207	0	N. D. W. O.O.	AIDDLE LAST	RST	1/2-0	LAST
8 88 × (8)	0	our mille	2	- COX	ces vice	
\$ 85 PHO Z	160/	DECEASED EVER IN U.S. ARMED		CURITY NO. 17 INFORMANT	ADDRESS	212060
E EFERSE	1 6	OR UNKNOWN) (IF YES GIVE WAR	210 I	second 7.	J. 112 - W	20000
A A SEPTIMENT	1 -	go, way	ny. 1/1-10	-0774 Janes	-114 432 11es	edaw Cd.
**************************************		AUSE OF DEATH (Enter only o	ine farse per line for (a), (b), and (c	).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 0 0 5 A	200			erotic Cardiovascu	alak Digaaga	BETWEEN ONSET AND DEATH
<b>6</b> 全国各种思想		IMMEDIATE C			ulandisease	
E ZZZZZZ	2		DUE TO, OR AS A CONSEQUE	NCE OF		
第 三二米2.13	5	Conditions, if ony, which				
S EDNA AS		gave rise to immediate	(p)			
N CHANGE		lying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
S HANKEN		lying coose lost.	(1)			
ECORDS, 1 DE EXECU ENDING TO WEDICAL E AS A BURIL ALTH AND CREMATIO		BART & CTUES CICAUTICANT CONCUTIONS CON	(c)			
B 232-23		PART 2 OTHER SIGNIFICANT CONULTIONS CON	IKIBUTING TO DEATH BUT NOT KETATED TO 15	E TERMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a),	
RECORDS D BE EXECUTED IN MEDICAL MEDICAL A SA BULL AN AN ELLIH AN AN CREMATIN AN	2 8	The state of the s	Cachexia			
		19g. DATE OF OPERATION		OPERATION WAS PERFORMED?		20. AUTOPSY?
TALR HOUT HEF HEF OF HE RIAL	20		The condition of the condition	OTERATION WAS TERRORINED.		20. AUTOFST:
是 水内口山之市	4	and the same of th				YES NO X
SION OF V STRICATE S AG THE WC O TO THE O SHOULD BE SHOU	- 4	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D CENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
PANEL MAN		UNDERLYING OR	HOUR A.M. MONTH DAY	YEAR		
9 7 5 5 5 5	5 5	CONTRIBUTING CAUSE OF DEA	ATH P.M.	9		
DIVISION OF CERTIFICATE RITING THE W ROED TO THE E SEPARTIMEN OF PARCE OF	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (ATHO			
A DESCRIPTION	2	WHILE NOT WHILE T	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
AAGAME		AT WORK AT WORK		Name of the last o		
25.5		20. 1. 16.1. 10. 1.1		an Autopsy , Inspection	kry .	
<b>重足の最高</b> が		220. I certify that I laak charge o	the remains described above, held	an Autopsy L, Inspection	n XX Inquiry and in	my opinion
東北田 ひょう	5	death resulted from: Natural of	couses X. Accident	Suicide , Homicide	Undetermined manner,	
380859	5	0 ()	104/1 11	TITLE (SPECIFY)		
90593	2	ACTUAL // 1/0	1011 X 1111			DATE 10-1-95
DICAL TIE THE A SHOK NERAL DEATH	1	SIGNATURE WILLIAM	No Ney 101	AMA/MD ASSISTANT	t MEDICAL EXAMINER	GIGNED 10-1-85
SES 200	1/10					
WR-WREE	6	EXAMINER'S NAME (TYPE OR PRINT) Denn.	is F. Smyth, M.D		Penn St., Balto.,	Md. 21201
TO ME EXECUTOR PAGE TO FUI	1	4		ADDRESS.		
E00E44	I Zle.	IAL, CREMATION, RIMOVAL 236	DATE 23c. NAME C	F CEMETERY OR CREMATORY	23d. LOCATION /	EOUSTY 21228
07/84 RP	11	10 mater	0/2/85 01	Truesco om	615.26 1.	300
07/84 BP	24.5	UNERAL DIRECTOR	100 00	1250. DATE R	REC'D. BY REGISTRAR 23b. REGISTRA	A STATUTE OF THE STAT
DHMH - 17	17	A Sept of Old	Segres 1501 6 =	TON Que	LC D. BI REGISTRAR 130. REGISTRA	AR 3 SIGNATURE
(VR A15 ME (5)	)) (	Tailon S. IVana	no tune of	the We no	T 9 mos quite le	urdown Bonda III.
	12	MAN I JUNE	The state of the s		4 - 6 0 0	



Film G608 item 1 1 - STATE 10/24/85 rja

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO.				
HTMOM	DAY	YEAR	26 HOUR	

١	REGISTRAR			CERTIFI	CATE OF DEATH	R	REG. NO.					
1	1 DECEASED NAME FIRST	M	NIDDLE	LA	151	20 DATE OF DE	ATH MON	3 HTF	DAY YEAR	26 HOUR		
	Ronda -RHONDA	L		MILI	LER		09	16	1985	4:55PM		
1	1. SEX	4 RACE		DATE O		6 AGE (IN YEARS	LAST BIRTHDA		IF UNDER I YEAR	IF UNDER 24 HRS		
	Female	White	1	Now.	10, DAY 1978 YEAR	6 YRS DATS HOURS MIN.						
2	THE HIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland)	U.S.A.		MARRIED	NEVER MARRIED TO DIVORCED	BALTIMO	YTY!	Y OF DEATH				
11	BALTIMORE	THEOTHOU	NS HOPKINS	ROTHER INSTITUTION	TYPE OF WORK FOR		JRK ING LIFE	12b, KIND C INDUSTRY	OF BUSINESS OR			
1	UAL RESIDENCE (IF NURSING JOME OF INC. STATE IS COUNTY Maryland Frede	OTHER INSTITUTION OF	GIVE RESIDENCE BEFORE AD 13. CITY OR TOWN Frederick		134 INSIDE CITY LIMITS? YES NO	13e.STREET ADD 336 Ma	RESS / ZII	P CODE	reet 2	21701		
1	14 FATHER'S NAME FIRST  Kenneth	MIDDLE .	Miller		15 MOTHER'S MAIDEN NAM		DOTE		Stone	ş		
2		MED FORCES?	216902-80		17 INFORMANT Mrs. 336 Madison				Md. 21	701		
100000	Canditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT.	(c)(b) DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	CE OF	ie neuro!	blasto		ON GIV	EN IN PART 11	ys		
4	Intracerek 190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING		letastati	PERATION		YES NO	NI DO	I CERTIFY YES	, WERE FINDING CAUSES	NGS USED OF DEATH?		
,	OR CONTRIBUTION C CAUSE OF DE	HOUR A.A	A. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN	ITEM 18 PA	ART I OR PART 2}			
	(IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  LE NOT WHILE ALWORK	21e PLACE C	OF INJURY  EET FACTORY OFFICE FARM	A ETC }	THE LOCATION	cr	TY OR TOWN		COUNTY	STATE		
	22a I certify that (I) (this hospi saw the deceased alive on above, (I) we)(did) (did no	9/1	4 19 8	5 , on	d that is my (our) apinion of		the dote of	and haur		that (i (we) lost couses stated		
	226. SIGNATURE OSEPOL	my	Vely		ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN	X	224 DATE 9/	SIGNED 16/85		
-	Joseph V	n Wil	ley M.	· De	601 N W	olfe St	- f	Bali	10. M	d.		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 9-20-	The second second		METERY OR CREMATORY Dlivet Cemete:	23d LOCATIO		, Fr	ederic	k, Milit		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Homes. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 21701

275018 the course of the contract of And the second of the second o

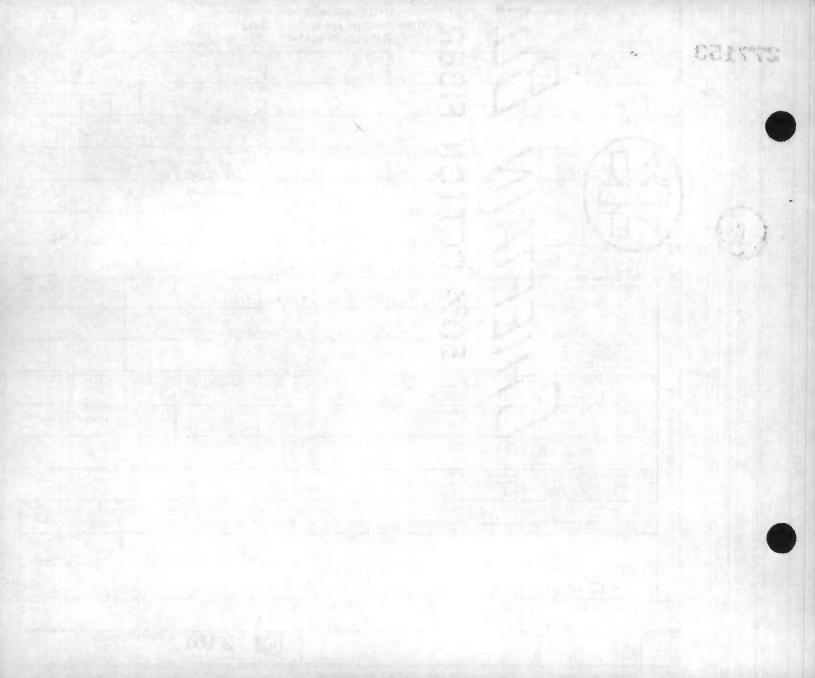
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 254068 REG NO I. DECEASED NAME 2n DATE KNOWNXX 2h HOUR (TYPE OR PRINT) OF ESTI-Walter Miller DEATH MATED 1985 4 RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE 57 18 PRONOUNCED 28 9:40 MALE BLACK DEAD 1985 D. M To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X VIRGINTA U.S.A. Baltimore City, WIDOWED [ DIVORCED JD 3 TO THE FITAIN PAGE 5 ID CITY OF TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE! OR INDUSTRY 1020 McDonough Street Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WESLEY UNKNOWN MIDDLE MILLER 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO BEULAH RUCKER 1020 McDONALD APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Diabetes Mellitus USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOXX DEPARTMENT BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 InspectionXX 22a. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Hamicide \_\_\_\_. Undetermined manner Natural causes Suicide TITLE (SPECIFY) 9-4-85 Assistant DATE SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE BURIAL BALTIMORE MARYLAND 9/10/85 EASTVIEW CEMETERY 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 ADDRESS (VR A15 ME (5)) MARCH F/H 1101 E. NORTH AVENUE

	~450	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEND 5 2 5 3 4 /  CERTIFICATE OF DEATH  REG. NO.									
2 / S	7153	(TYPE	ORPRINT) FANT		Mil	1/5		9/29/	85	10 A M			
age 4 ma	urs ofter	3. SE	Female	black black	S. DATE OF	F BIRTH DAY 16 1916	6. AGE (IN YEARS LAST BIRT	YRS MON	HS DAYS	FUNDER 24 HRS			
aeath. P	funeral d thin 72 ho		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?  USA  11 NAME OF HOSPITAL NURSIN	MARRIED WIDOWE	DIVORCED	Baltimore city o	nove	City	MD			
iurs after	by the filed will	6	TY OR JOWN OF DEATH  ALL RESIDENCE IN NURSING HOME OR	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A  Provident  OTHER INSTITUTION, GIVE RESIDENCE BEFORE	HOS D	K OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	FWORKING (IFE)	NDUSTRY	BUSINESS OR			
24 ho	led be	13a S	TATE 136 COUN		١ ١	136 INSIDE CITY LIMITS? YES NO 1		zip code thland	Ave	2120			
(	1) ja	A		MED FORCES? 166 SOCIAL SECUL	ITY NO	Founte 17 INFORMANT	MIDDLE		Farl	ey			
e pe	cian aters. Page		YES NOOR UNKNOWN) (IF YES, GIV	254-20-	8513	Frank Mil	1 11111		Are	TE INTERVAL SET AND DEATH			
certificat	ng physic banpaper remava		PART I. DEATH WAS CAUSE	ly ane couse per line far (a), (b), and D BY: E CAUSE (a)	infe	elmonare	Arrest		BETWEEN ON	SET AND DEATH			
that the death	d by the attendicase remave car of, crematian, or ir ather traumati		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	nic	Renal Fai	lure						
equires	Then plant to burn injury, a	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT P	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART Ita				
The law	te has been sit permit giene prior shaws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		200 AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O				
SICIAN.	certification in a single frame in the single singl	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	) P.M.	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)				
NG PHY	fter this as the bu th and M orked ar	MED	21d INJURY OCCURRED  WHILE OF NOT WHILE OF NORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC )	211 LOCATION STREET	CITY OR FO	wn	COUNTY	STATE			
ATTENDI	CTOR: A d far use : af Healing		saw the deceased plive on abave, (1) (we) (did) (did na			d that in (my) (aur) apinian	death occurred on the do	ote and have an		at 11 (we) last uses stated			
TAL OR	JERAL DIRE De detochec Stote Dept ANT: If Item		22h SIGNATURE Elean	ros V. Hixor	N	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE SI	1/85			
O HOSPITAL	should be with the St		Elear	nor Y. Hixon	MD	3100 TOW	vanda Au	e Bat	timore	2/2/5			
7 9	F 0 > 5	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CE	METERY OR CREMATORY	23d. LOCATION						

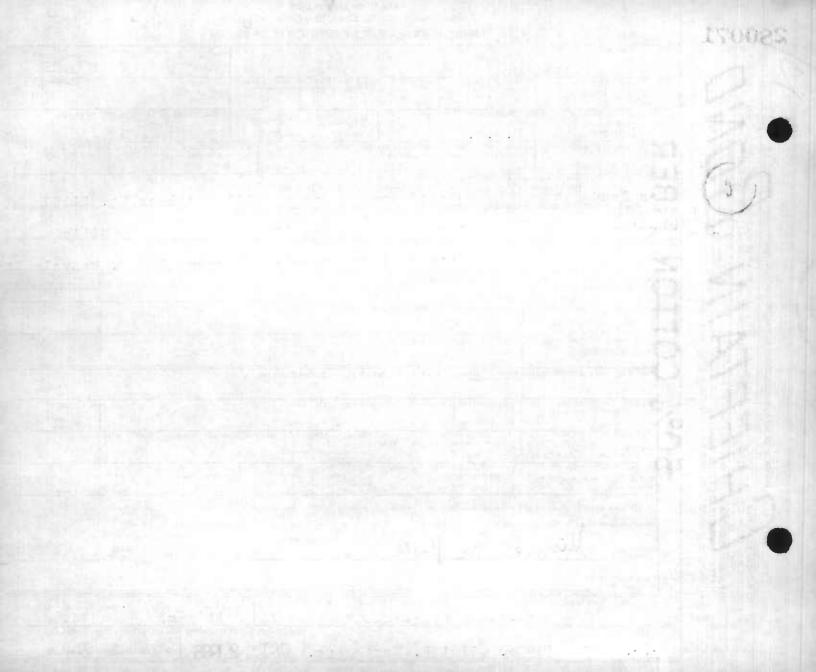
Garden Of Eternal Hope

DHMH - 16 60M 7/84 (VRA 15, 4)

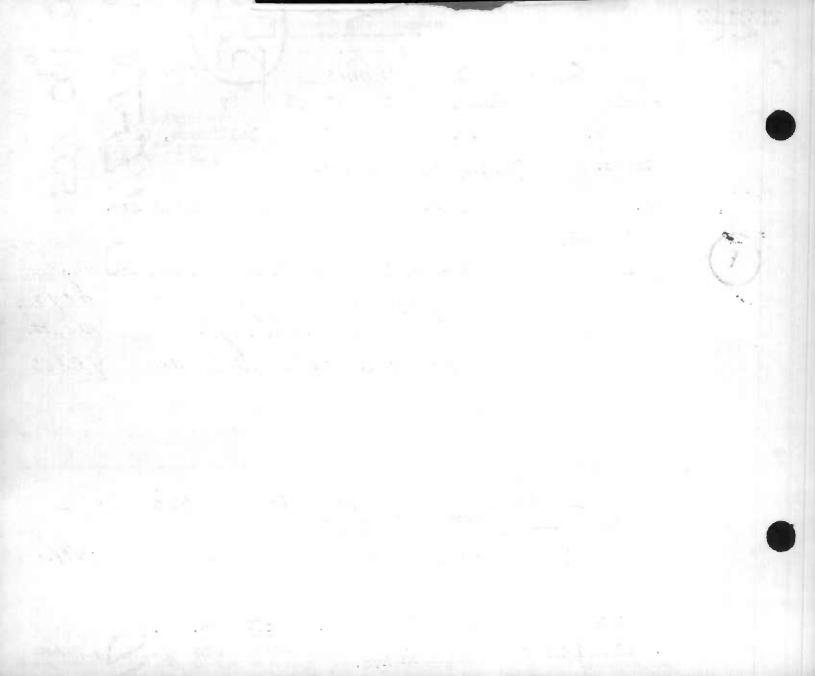
Burial 10/4/85 Garden Of Eterna 10/4/85 Garden Of Eterna 10/4/85 Garden Of Eterna 10/4/85 William C. March F/H Inc West 4300 Wabash Ave

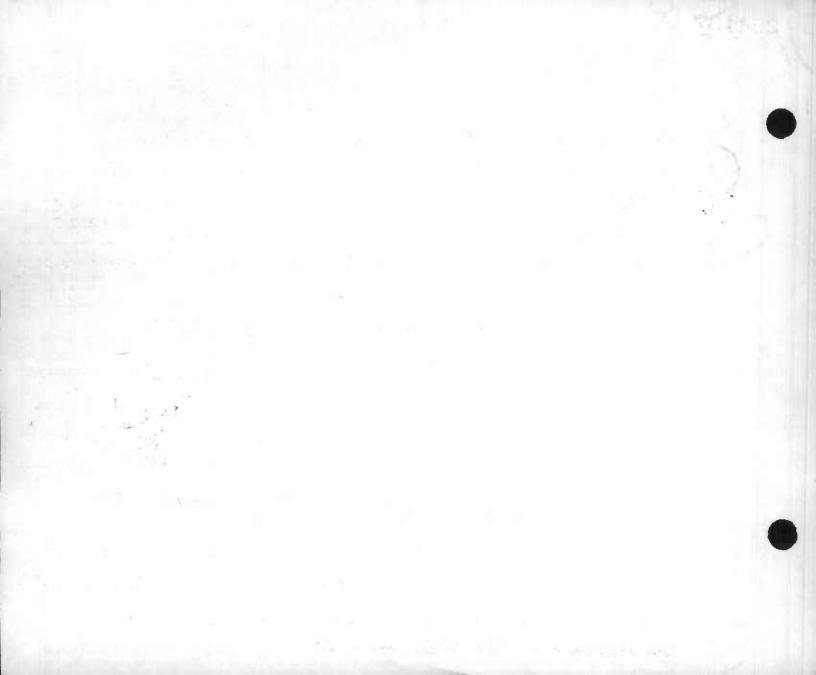


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1	CT		Inkno	wm #8¹	5-75									REG.	NO			35.	
	DECE	ASED NAME	DIRTIO	FIRST	5 15	A	MIDDLE			LAST			20 DATE	KNOWN		ONTH	DAY Y	£ AR	2b. HOU
- (	TYPE O	R PRINT)	Va	ndori	a				t.A	ills			OF	ESTI- MATED	-	9/ 2	28/19	35	
3. S	SEX		4 RACE	5	DATE OF B			6. AGE (IN	YEARS IF U	DER 1 YR.	IF UNDER		2c. DATE			HINC	DAY	YEAR	Zd HQL
		F	I			. 8	65	LAST BIRTH		HS. CIAYS	HOURS	MIN	PRONOUN			9/ 2	28/19	85	2:58 A
		HPLACE (ST	ATE OR	7b.	CITIZEN	OF WHA	TCOUN	TRY?	8. MARI	IED   NE	VER MARR	IED 🔀	9 BALTIM	ORE CITY	OR C	OUNTY	OF DEAT	H	
$\supset$ B	a1	timor			U.S.	Α.				VED 🗆	DIVORC		Bal	timor	e C	City	,		M
10	CITY	OR TOWN	OF DEATH		NAME OF	F HOSPI		RSING HOA		HER INSTITU	TION	12a USL	IAL OCCUP	ATION (I			b KIND C	F BUS	INESS
5		Baltin	more	2.11				is Hos				FOR	NOST OF WOR	KING LIFE)			OK IIVE	OSIKI	
	STA	RESIDENCE	IF IN NURSIN	G HOME OR OT	HER INSTITUT			OR TOWN		liad. INSIDE C	ITY LIMITS?	liza STDI	EET ADDRE	22					
4	Ma	rylar	d	2007111			Bal	timo	re	YESX	NO 🗆		9 Mc		r	Ct.	212	02	
14.	FATE	HER'S NAME			IDDIE			LAST		15 MOTH	ER'S MAIDE			IDDLE			LAST		
G	ar	rison	1	***	DOLL		Bro			Cas	tile		M	DUL		M	ills		
160	. WA	S DECEASED	EVER IN	J.S. ARMED			16b. SOC	IAL SECUR	ITY NO.	17. INFOR				ADDRE	SS	**			
	no		, ,	TES, OIVE WAR	OK DATES!		212	-42-	1689	Gar	riso	n N	Brow	n 32	9	E. 1	Lany	a 1	e S
	1	8 CAUSE O	DEATH (E	nter anly a	ne cause pe	er line fo	ır (a), (b)	, and (c).)									APPROX	MATE IT	NTERVAL
	-1	PART I DE		MEDIATE C				M	iltip:	e Sta	b Wou	nds					BEIWEEN	ONSETA	NO DE AL
	-			THE DIRICE C			S A CON	SEQUENCI											
. 5.	-		s, if any, e ta imr		(b)_														
	-	cause (a)	stating the		<	O, OR AS	A CON	SEQUENCE	OF										
	-	lying cau	e last.		(c)														
1.		ART 2 OTHER SIE	NIFICANT CO	NDITIONS CONT	RIBUTING TO	OEATH BUT	NOT RELA	TEO TO THE TE	RMINAL OISEA	E OR CONDITIO	IN GIVEN IN PA	RT 1 to t.							
SETTIFICATION		90. DATE OF	OBERATIO	h1	Tini co	0.10.17.0		willian on	D. T.O	110000000									
1 2		W. DATE OF	OFERATIO		19b. CC	SNDIIIC	PINFOR	WHICH OP	ERATION	AS PERFOR	(MED?						20 AUTC		
4 5	2	In EXTERNA	CALISEV	VAS	215 TIA	ME OF IN	HUDV		121. 1	014 (1148)							YES >	KX_	NO [
		NDERLYING	XOR		HOUR	R A.M. /	HTMON	DAY YE	AR	OW INJURY			NATURE OF IN	UKY IN ITEM	IS PART 1	OR PART 2	1)		
MEDICAL	0	ONTRIBUTIN		SE OF DEA		OSASK ACE OF		28/19		bject	stab	bed							
124	V			ILE [X]			Y, FARM, EI			STREET			CITY OR TO			COUNT			STATE
	A	T WORK	AT WOR	( (2)		2	stree	et		Blk.	N. E	nsor	St.,	Balt	0.	City	y, Mc	1.	
4		220 I certif	y that I lac	k charge al	the remain	ns descri	bed aba	ve, held an	Auto	sy XX.	Inspection	n .	Inquiry		and in	my opini	ion		
		death resulte	d from	Natural c	auses 🗌	). A	ccident	L	vicide _	. Hami	cide XX	Undete	ermined mo	nner [					
	1.	CTUAL	M	ana.	i (	1	UI	4.0		TITLE (S	SPECIFY)								
		GNATURE_	Joo	oujo.	0	MIK	-	ru	^	LD. ASS	istan	t_MED	CAL EXAM	INER	5	ATE	9/2	28/8	35
1	E	XAMINER'S I	VAME																
1	(T	YPE OR PRIN	IT)	Marga:		A. K				ADDRESS_			nn St	•					
2-	SPEC	IAL, CREMAT	ION, REMO				23c. N	IAME OF C	EMETERY (	RCREMATO	ORY	CITY	CATION			COUNTY	1877	STAT	E
BI		TAL		1	0-4-	85	B	altin	ore		0.0		ltim				Md.		
24	hi	ERAL DIREC		4.79.5		CICRESS					25a. DATE I	REC'DT BY		W .			NATURE		
	MM	.C.Ma	rch	F/H	Co.	11	01 1	E. No	rth	Ave.	UCT	2	1985	Freho	Dan	Adson	-Aano	600	



DIVISION OF VITAL RECORDS,





# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

60	3	V	

	1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. I	10.		
		EASED NAME FIRST	WIDDL	E	L	AST	20	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	11110	Cheste	er Edr	mond	Mi	tchell		Sept.	1985		11:03 4
	3. SEX		4. RACE		5. DATE O			AGE (IN YEARS LAST B		ONTHS DAYS	
1		Male	White	e	10-	25-1918		66	YRS	UNITS DATS	NOURS MIN.
,		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	8.	NEVER MARRIED	9	BALTIMORE CITY	OR COUNTY	OF DEATH	
0	- (1	Wisconsin	USA		WIDOWE			Balt	imore	City	MD
	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	HOMEO	ROTHER INSTITUTION		a USUAL OCCUPA	TION	126 KIND	OF BUSINESS OR
	1	Baltimore	Union M		_	snital		type of work for most Baker	OF WORKING LIFE		akery
	USUA	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE	RESIDENCE BEFORE	DMISSION)						
5	13a S1	Md.	B I3c.	altimo	re	YESX NO		3625 Du	dley A	Ave.	21213
	14 FA1	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEL	NAME	WIDDLE		Į,	AST
Ç,	)	Edmond		tchell		Mai	су	A.		hell	pfeffer
Г		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166	SOCIAL SECUR	ITY NO.	17 INFORMANT		ADD	RESS	Sa	ame
ų				84-09-	5530	Mary C.	. Mi	tchell	(wife)		dress
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI		ACUT	EM	( VOCARDI	AL	INFAR	CTION	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	200		ARTERI	1	DISEAS	6		
		PART 2 OTHER SIGNIFICANT						AL DISEASE OR CO	NDITION GIVE	N IN PART	[0]
	o l	DIABETES	- CAROI	NIC RE	NAL	FAILURE	i - 1	ERIPHER	AL VA	ISC. D	ISEASE
7	CERTIFICATION	No DATE OF OPERATION	19th CONDITION	N FOR WHICH O	PERATION	N WAS PERFORMED		70s AUTOPSYT	20h IF YES, IN CERTIFY YES		NGS USED S OF DEATH? NO
7		Na. ACCIDENT WAS UNDERLYING.   DR CONTRIBUTING.   CAUSE OF DE  19 201468. NOTIFY MISSICAL EXEMINE.	WIN	MONTH DA	YEAR	21r. HOW INJURY OC	CURRED	EINTER NATURE OF IN	LAN IN ITEM TE. FIE	AT LOSEARTY	
/	9	214 RAJURY OCCURRED	ZIE PLACE OF II	NJURY ACTORY OFFICE FA	em, etc.)	ZII LOCATION	V	CIPY DICT	Day	COUNTY	3549
		17s t certify that (I) (this base saw the deceased also as above 1 shall be at 17h 51GNAP to	8/14	19.3	,	d that in <u>(my)</u> (our) ap DEGREE		THE SECTION OF THE SE	remo save cam		fbot (D. Jwe) last a course stated E SIGNED
		JZA PHYSICIAN'S PAR TITE	arauso	nous	7	PHYSICU 224 ADDRESS	MAN	MEDICAL ST.	ICIAN []	9-	4-82
		Dr. Michae		schans	ky	Section of the sectio	331	rd & Gui	lford	Ave.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

3331 Brehms Lane, Balto. Md. 21213

Burial 9/5/85 24 FUNESCHIEMUNEK Funeral Home, Inc.

23a BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Lakeview Memorial

Baltimore

Md.

25a DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - mon-yandare SEP 1985

ACUTE AKCCARDIAL INFARCTION CORONARY ARTERY DISEASE GVOSA DINGETES - CHACKIE RONAL PAILURE PERIPERAL MAT. DISTASE

COLUMB

								ARYLAND			200	1 in 3			
			FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
25	3121		REGISTRAR			LEXAMIN	ER'S C	ERTIFICATE C	FDEAT	H REG	. NO.	3			
			CEASED NAME FIRS		WIDDLE			LAST	20	OF ESTI-	MONTH		26 HOUR		
	2 8 8 8 F		Gudn	V	G.		Mi	tchell		OF ESTI-	X 9-	4 1985	M		
	A D I I I I I I I I I I I I I I I I I I	3. SEX		5. DA	TE OF BIRTH	6. AGE (IN YEA	RS IF UN	DER 1 YR. IF UNDER		DATE	MONTH	DAY YEAR	2d HOUR		
	N Z K	E.	EMALE WHITE	JU]		24 61 YR		S DAYS HOURS	MIN. PR	ONOUNCED	9-	4 1985	8:05		
	STON		RTHPLACE (STATE OR		TIZEN OF WHAT COL		8		9	BALTIMORE CIT	-		a. M		
	SE S	FO	REIGN COUNTRY)					ED NEVER MARR	IED L						
	IF ANY DELAY IS NECESSARY, PLEASE  MAND 3 TO THE FUNKRAL DIRECTOR.  SERVININ PAGE 5 FOR YOUR FILES.  SHOULD BE FILED. WITHIN 72 HOURS  LRECORDS. 201 W. PRESTON SPRET.		EW YORK	11.51	U.S.A		WIDOW			Baltimo	re Cit	12b KIND OF B	MD		
	ZHO ESONO				NOT IN SUCH FACHITY ON	E STREET ADDRESS)			FOR MO	ST OF WORKING LIFE!		OR INDUS	TRY		
	SS - SS -		Baltimore		716 WASH			CE	STA	TISTIC	LAN	INVES	IMENT		
100	Z COEZ S	130 S	L RESIDENCE (IF IN NURSING HOTATE 13b. CC	UNTY	113c CI	TY OR TOWN	,	13d INSIDE CITY LIMITS?	13e STREE	T ADDRESS					
21201	A S M D M	MA.	RYLAND	2120.	BA	LTIMORE	Ξ	YES X NO	716	WASHI	NGTON	PLACE	2120		
8	. C4 (1) 21 4	14. FA	THER'S NAME	MIDDL	F	LACT		15. MOTHER'S MAIDE		MIDDLE					
W.	AGES 1, 200 EATH.	(	GUNNAR	Milos		JERTSI	EN	AMY		Model		PAULSE:	N		
WO	N N N N N N N N N N N N N N N N N N N		VAS DECEASED EVER IN U.S.		PRCES? 16b S	OCIAL SECURITY	NO.	17 INFORMANT	100	24 ADDR		Y., N.			
E	URS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND T. PAGES 1 AND TO PAGE 1 AND TO PAGES 1 AND TO PA		(IF YES,	GIVE WAR OR I	08:	2-22-27	785	KAREN P.	MITC	HELL31	8 W.	77 TH S	Ť.		
80	RS S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEATH (Ente	only one								APPROXIMA	TE INTERVAL		
ST.	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PART I DEATH WAS CAL	JSED BY.	E+h-	nolism						BETWEEN ONS	ET AND DEATH		
ON O	VAII ON VAII		IMME	DIATE CAU	DUE TO, OR AS A CO		)E				716				
ES	SA A SIT A S		Conditions, if any, wh	ich	DOL 10, OK AS A CK	JINDE GOLINCE C									
4	RAI RAI		gove rise to immed couse (o) stating the uni		(b)										
>	Z AAA		lying couse lost.		DUE TO, OR AS A CO	DINSEQUENCE	)F					1000			
5,2	EXECUTED NG" IN PICAL EXA NBURIAL H AND ME WATION,			(	(c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	HOULD BE EXECUTED WITHIN 24 HO RED "FENDING" IN PENCIL IN ITEM 1 HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL	7	PART 2 OTHER SIGNIFICANT CONDIT	ONS CONTRING	ITING TO DEATH BUT NOT R	ELATED TO THE TERM	NAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a),						
ũ	A SA	CERTIFICATION	14												
A.	SHOULD ORD "PE CHIEF A CHIEF A E USED A TOF HEA	N	190. DATE OF OPERATION		19b. CONDITION FO	R WHICH OPER.	ATION W	AS PERFORMED?				20 AUTOPSY	'?		
VII.	2008=2	E									7 - 40	YES 🗌	NO X		
Ö	IS CERTIFICATE SHARITING THE WORKNED TO THE COMES SHOULD BE GES SHOULD BE TO DEPARTMENT OF THE COMES SHOULD BE THE DEPARTMENT OF THE DEPAR		210 EXTERNAL CAUSE WAS	7	21b. TIME OF INJURY HOUR A.M. MONT		21c HC	OW INJURY OCCURRE	D CENTER NAT	TURE OF INJURY IN ITEM	A 18 PART 1 OR P	ART 2)			
O	SE 55 89	N N	CONTRIBUTING CAUSE	OF DEATH	P.M.	19									
VISI	PRI SEP	MEDICAL	21d INJURY OCCURRED		TIE PLACE OF INJUI			CATION		CITY OR TOWN	-	OUNTY	STATE		
õ	WRIT WARD WARD PAGE: 21201	5	WHILE AT WORK			4 6 7 6 . [		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CITTORTOWN	(	JONIT	SIAIC		
	RE TE, TE, TE, TE, TE, TE, TE, TE, TE, TE	211	22a I certify that I took of		remains described a	hava hald as	Autop	y . Inspection	· VV						
ation.	AASTA	100			577/				-	Inquiry L.,	ond in my o	pinion			
	AAA REC REC ITH RYL		death resulted from: N	oturol cous	es LXXV Accider		cide L	, Hamicide	Undeterr	mined manner	١.				
	CERTION BOULD BOUL		ACTUAL / WOLL	1116	7/1	Sh MI	111	Aggigton	4		DATE	0.4	) E		
	SER SER		SIGNATURE COL	aut	Jy Jany	11100	M	D. Assistan	LMEDIC	AL EXAMINER	SIGN	9-4-1	55		
	SE SE SE	-	EXAMINER'S NAME	ennis	F. Smyth	M.D.		111 P	enn St	t., Balte	O Md	. 2120	1		
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201	73 a DI	(TYPE OR PRINT)			. NAME OF CEM		- Division	[23d, LOC.		-,	2.20.			
			CREMATION					T CEMETE	CITY OR	LTIMOR			TATE		
07/84 25M	BP		JNERAL DIRECTOR	Part.	1.0, 0)	ALTERIA I	IOON	T CEMETE		EGISTRAR TISE R	EGISTRAR'S	RYLAND			
	DHMH - 17	TaT	ILLIAM E. J	OITNIC	ADDRESS T	OGII DA		SEF	6	1985	in Saine	in-Andel			
	(VR A15 ME (5))	W.	TTTTAM E. 1	OHNS	UNO 521 LI	JCH RA	A F.IA	BLVD.			1460	mandador.	K.		

A THE RESERVE THE PARTY OF THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5	2	5	5	2	J

- STATE REGISTRAR		CERTI	FICATE OF DEA	ATH	REG. NO	).		N. N.
L DECEASED NAME	FIRST MIDE	N.E	LAST		20 DATE OF DEATH	HTMON	DAY YEAR	2b. HOUR
	nes	Mitch	ell		September	18,	1985	17
3 SEX	4 RACE		OF BIRTH		AGE (IN YEARS LAST BIRT		IF UNDER 1 YEA	
Male	Black	K 2		YEAR 24	61	YRS	MONTHS DATE	S HOURS MIN.
To BIRTHPLACE (STATE OR FO		AT COUNTRY? 18			BALTIMORE CITY OF		OF DEATH	
South Carol	ina US	A MARRIE	DEVER MAR	RCED	Baltimore	City	V	MD
10 CITY OR TOWN OF DEAT	H 11. NAME OF HOS	SPITAL, NURSING HOME			12a USUAL OCCUPATIO			OF BUSINESS OR
Baltimore		chael Nursin	a Home	1000	(TYPE OF WORK FOR MOST OF	WORKING LIF	FE) INDUSTR	Y
USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION GIVE		V					
Maryland		CITY OR TOWN	134 INSIDE CITY		13e STREET ADDRESS /			1 01000
14 FATHER'S NAME		Baltimore	YESXX NOTHER'S M			<u>ink lir</u>	1 Stree	et 21223
FIRST	MIDDLE	LAST	FIRS	37	WIDDLE			AST
James		tchell		abeth	ADDRE:		Gait	ther
160 WAS DECEASED EVER IT	(IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT					
NU		14-14-2102	Jurlin Mi	itchel	1 2420 W. F	rankl		
18 CAUSE OF DEATH PART I. DEATH WA	Enter only one cause per line	far (a), (b), and (c)					BETWEE	DEMATE INTERVAL NONSET AND DEATH
	MEDIATE CAUSE (a)	Cardiop	ulmona	my a	nest.			
	DUE TO OR A	S A CONSEQUENCE OF		7			5 1 6	A TOP OF
Canditions, if any,	hich ( 10) Hesatie's Farlure							
gove rise to imme								
underlying cause	last (c)	4 sta ella	an ca	new			1 1	
PART 2 OTHER SIGNI	FICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COND	ITION GIV	EN IN PART	lia
Z O								
NO DATE OF OPERATION AS UNDER	ON 196. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		S, WERE FIND	
I E					YES T NOT	IN CERTIF		ES OF DEATH?
210. ACCIDENT WAS UNDE	RLYING 7 216. TIME OF IN	JURY	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR			
000000000000000000000000000000000000000	USE OF DEATH	MONTH DAY YEAR						
OR CONTRIBUTING CA		IN II IPY	211 LOCATION					
WHILE NOT WHILE	LAT HOME STREET	FACTORY, OFFICE, FARM. ETC.)	STREET		CITY OR TOW	/N	COUNTY	STATE
AT WORK AT WORK		11 /11	15/20)	00	Sof	18	07	
saw the deceased	his hospital) attended the d	10 00-	0	r) opinion de	eath occurred an the da	to and bau	19	, that (1) (we) last
abave, (4) (we) (di	d) (did not) view the bady after	er death.	DEGREE	п, арплоп ае	earn occorred an The da	ie and noo		
IN SIGNET	111.	/	ATTE	ENDING X	MEDICAL STAF	F	12C DAI	TE SIGNED
224 DIVERSIANE MA	ma. Hen	~ ~ 6. /		SICIAN	DIRECTOR PHYSICI	AN 🗌	19-	19-85
22d. PHYSICIAN'S NA	. /	100	22e ADDRESS	0	01		CT	7 ( ) 3 -
JANO CO	( L. HOW	ard Mis.	1601	20.	Charle	5.	01.0	2/230
230 BURIAL, CREMATION, R	9/23/85	23( NAME OF (	EMETERY OR CRE S Memoria	MATORY	Arbutus.		COUNTY	MdATE
BURTAL	3/23/00	/ Albutu	2 1.101101 10	YI LV.	Tibucus,			l'Iu.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: H

(SPECIEX) URIAL 24 FUNERAL DIRECTOR Wm. °C. March F/H 4300 Wabash Avenue Arbutus,

701.903 

(TYPE OR PRINT)

3 SEX

DECEASED NAME

Maryland

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH

26 HOUR

MARI RACE MONTH

6 AGE YEAR 1895

( IN YEARS LAST BIRTHDAY) YRS

BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER 1 YEAR

( STATE OF FOREIGN COHNTRY

emale

76 CITIZEN OF WHAT COUNTRY? U.S.A.

White

MARRIED NEVER MARRIED WIDOWED DIVORCED |

Baltimore City

Housewife

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

CITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF NURSING

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Mercy Hospital NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Dundalk

113d. INSIDE CITY LIMITS? NOXX

15. MOTHER'S MAIDEN NAME

FIRST

13e.STREET ADDRESS / ZIP CODE 7435 Holabird Avenue

MIDDLE

21222

14 FATHER'S NAME FIRST Daniel

Maryland

3a STATE

No

CERTIFICATION

MEDICAL

00

Bahr

Agnes 17 INFORMANT

ADDRESS

Feldmann

APPROXIMATE INTERVAL

(YES NO OR UNKNOWN)

160, WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 217-22-0014

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Catherine A. Flowers

Same as 13e

IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF NEUMONUS Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

Baltimore

AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

200 AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES [

20b IF YES, WERE FINDINGS USED

(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOT WHILE

190 DATE OF OPERATION

P.M 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC )

21f. LOCATION STREET

22e ADDRESS

Cedar Hill Cemetery

COUNTY

saw the deceased alive an. abave, (we) (did) (did rot) view the bady after death

220.1 certify that # (this hospital) attended the deceased fram

DEGREE mo

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (aur) apinian death accurred an the date and hour and fram the causes stated

224 DATE SIGNED

STATE

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

CITY OF LOWN Brooklyn Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

Burial

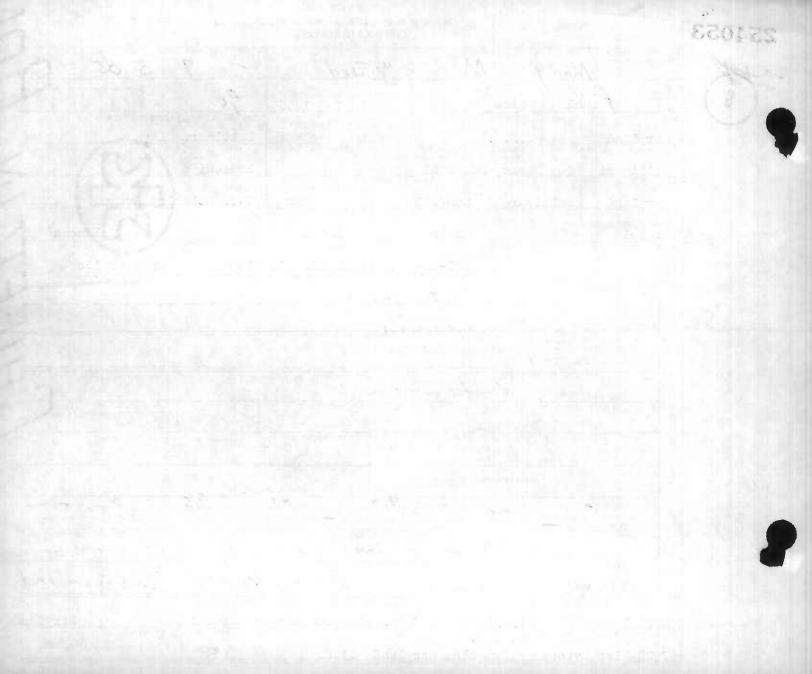
7922 Wise Avenue

Dundalk, Maryland

DIVISION OF

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

quidam- Randalle



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	E-6 [1	. 2	Ave.	E stay
2	5	3	2	EN P

	1 -	STATE REGISTRAR		CERTI	FICATE OF DEATH					1
		CEASED NAME FIRST OR PRINT) Tharma	MIDI	DIE Mit	hell	REG. NO	MONTH DAY	YEAR 95	Co 4	5
ı	3. SE		RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT			IF UNDER 7.	4 HRS
	_	MALE	Black	MONT	22 1919	65	YRS.		HOURS	MIN
)		RTHPLACE (STATE OR FOREIGN 76	US A	HAT COUNTRY?   8   MARRII		By Him	nore C	eath Ity		MD.
7	13	a Himore		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF		
)	13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY		RESIDENCE BEFORE ADMISSIONS COTY OR TOWN Battingre	13d. INSIDE CITY LIMITS? YES NO		zip code	St	2121	6
1	M	ATHER'S NAME FIRST MIDI  MO		Mitchell	Corine	WIDDLE		e (ap	ps	
		VAS DECEASED EVER IN U.S. ARMEI (IF YES, GIVE W.		44-16-7171	Dorothy Mi	chell 3113	Brighton	, str	eet	
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C	Y. AUSE (a) DUE TO, OR A	1 1"	careinoma	of lu	2	dia	ths si by and de	1000
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUENCE OF					1 ayr	
7	CERTIFICATION	Non Insul. A de	pendent	TRIBUTING TO DEATH BUT DICEOCHES Melli-	y Hypertensia	MYO CALD 200 AUTOPSY?	1 6	ton;	S USED	
F	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21b. TIME OF IN HOUR A.M. P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES	RPART 2)	NO 🗌	
	MEC	WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN CC	VINIA	STA	TE
		22a.1 certify that (1) (this hospital) sow the deceased alive an obove, (1) (we) (did) (did not) vi	9/2/8	5 19 85	nd that in (my) (our) apinion	death occurred an the do	te and haur and f	rom the co	at (1) (we uses state	e) last
		J. Hinney	, M.D	•	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	A DATE SI	SNED 2/8	-5
		J. Kinney	, m. c	),	Mercy Ho	ospital	30/89	SFR	المياد	St

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Hem 21 is BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial 9/9/85 24 FUNERAL DIRECTOR William C. March F/H 4300 Wabash Avenue

236 DATE

230. BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Garrison Forest VA

Owings

Mitas

Md

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
SEP 6 1985 Lin Druidson Andrew

PRESTON ST

**TIVISION OF VIT** 

- STATE

TYPE OR PRINTS

male

BIRTHPLACE

COUNTRY

3 SEX

CERTIFICATION

REGISTRAR

I DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

MITCHELL

5. DATE OF BIRTH

WIDOWEDK

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

REG NO

116.00.1			
DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
Septembe	er 22,	1985	4:5
AGE (IN YEARS LAST B	RTHDAY)	IF UNDER YEAR	IF UNDER 2

BALTIMORE CITY OR COUNTY OF DEATH

612 Baker Street

1903

YES K

MARRIED NEVER MARRIED DIVORCED [

Baltimore

Truck Driver

13e.STREET ADDRESS / ZIP CODE

MIDDLE

City 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE

A

Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS?

MIDDLE

4. RACE

black

Th CITIZEN OF WHAT COUNTRY?

William

ISTATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Md CITY OR TOWN OF DEATH

Baltimore

Md

4 FATHER'S NAME

William

Baltimore

Mary

NOF

15 MOTHER'S MAIDEN NAME

ADDRESS

Stewart

166 SOCIAL SECURITY NO 219-01-8711

Mitchell

17 INFORMANT

Pakota Robinson 301 W. Preston Street 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY. Coronary thrombus, left antero decending artery. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Acute Myocardial infarction Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Acute and Chronic passive congestive of Liver and LUNGS.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

190 DATE OF OPERATION

21d. INJURY OCCURRED

21h TIME OF INJURY HOUR A.M. MONTH DAY 21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC )

YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 211. LOCATION

20a AUTOPSY?

YES XX NOT

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES XX

STATE 224 | certify that X (this haspital) attended the deceased from September 21 19 85 , to September 229 85, that (X we) lost

obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

NOT WHILE

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

9/24/85

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINTS

Timothu LOW, M.D.

sow the deceased alive on September

10 Maryland General Hospital

22\_19\_85\_, and that in (%) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL

0

0

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE Burial 24 FUNERAL DIRECTOR

236 MAME OF CEMETERY OR CREMATORYCH Brooks United MethCem

DEGREE

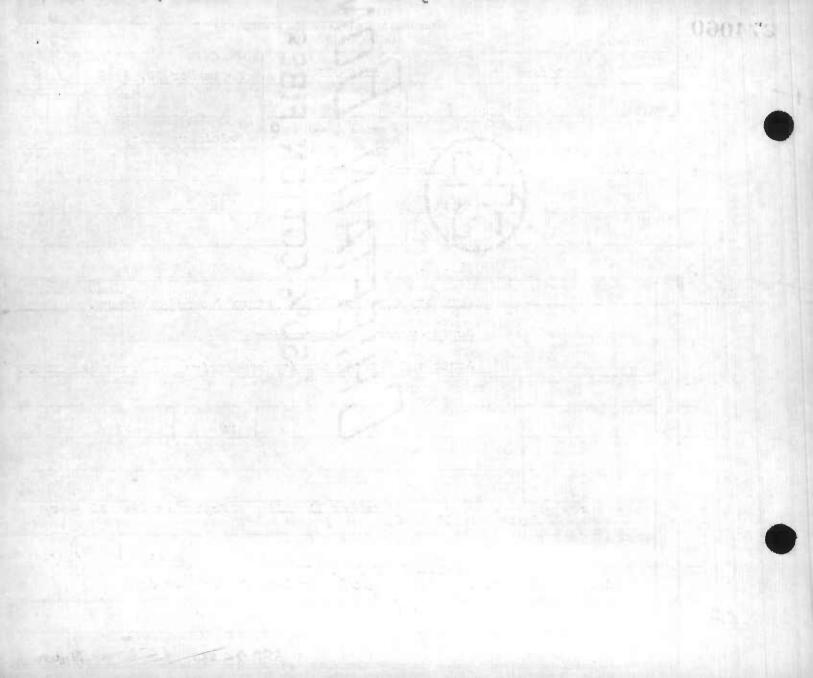
Calvert

COUNTY

STATE 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

William C. March F/H Inc West 4300 Wabash Ave

Lie Davidon Pandel



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 28. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) AGNES MOLTZ SEPTEMBER 27 1985 2:20 PM M 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HINOM DAY YEAR Female White Oct. 16 1910 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Raltimore 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Church Hospita Housewife MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13d INSIDE CITY LIMITS? Baltimore 1908 Alicanne St. Maryland YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Martin Naparsteck Brocki ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21231 [YES, NO OR UNKNOWN) 216 12 no 6669 James Buddemever 1908 Aliceanne APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CEREBRAL HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF C.O.P.D. A.S.C.V.D. Conditions, if any, which gave rise to immediate cause tol, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTK YES [ 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 | certify that (1) thus haspital pitended the deceased from SEPTEMBER 2 1 19 85 to SEPTEMBER 2 719 85 the orceased alive on SEDTEMBED 27 1985 that in (my) Our opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Burial

17e ADDRESCHURCH HOSPITAL CORPORATION 100 NORTH BROADWAY BALTO., MD.

WALKER IMPAGLIATELLI M.D. 23¢ BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE COUNTY (SPECIFY)

30'85 Parkwood Cemetery

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

ORT

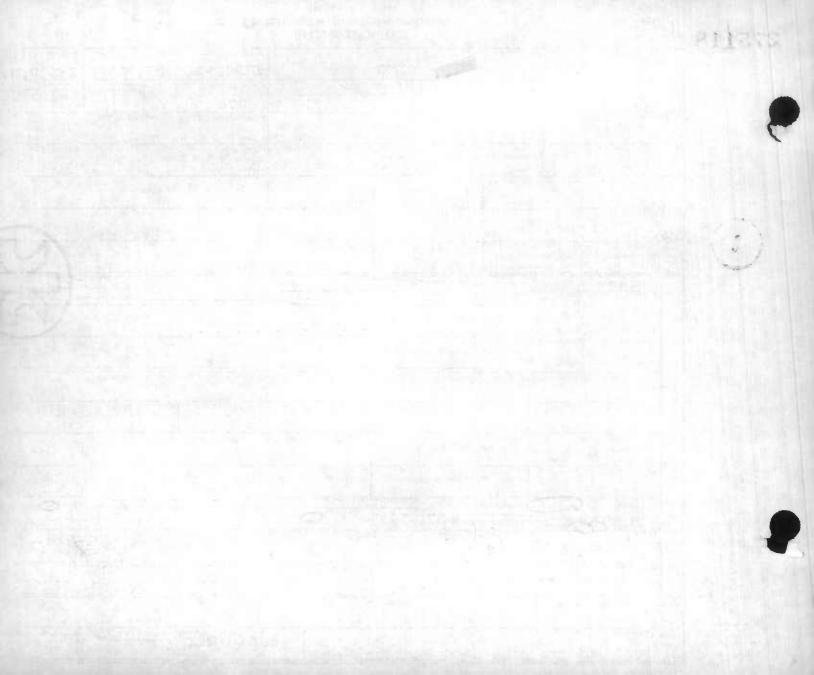
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5

Baltimore 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNALURE.

ly & Zeiler, Inc. 1901 Eastern Ave

(VRA 15, 4)

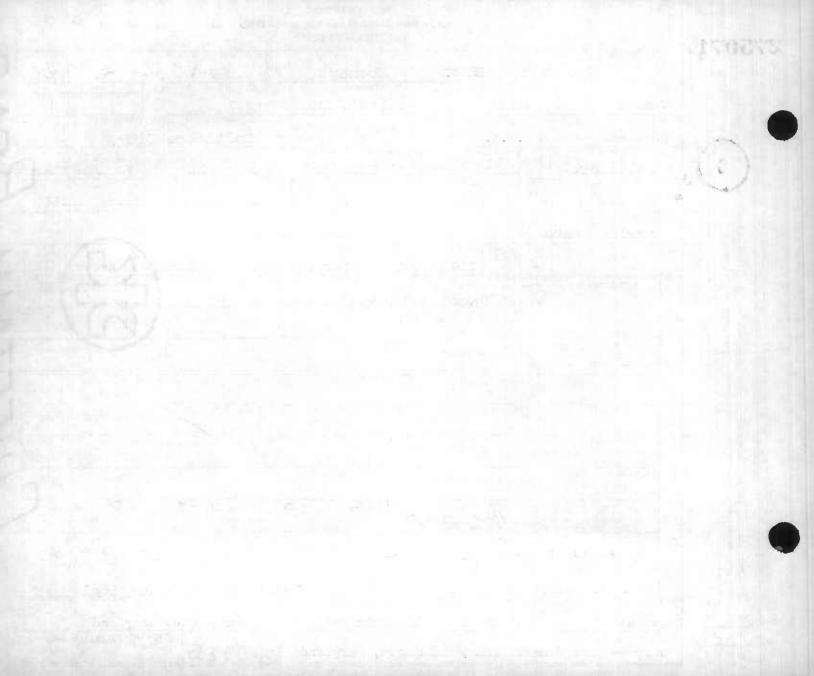




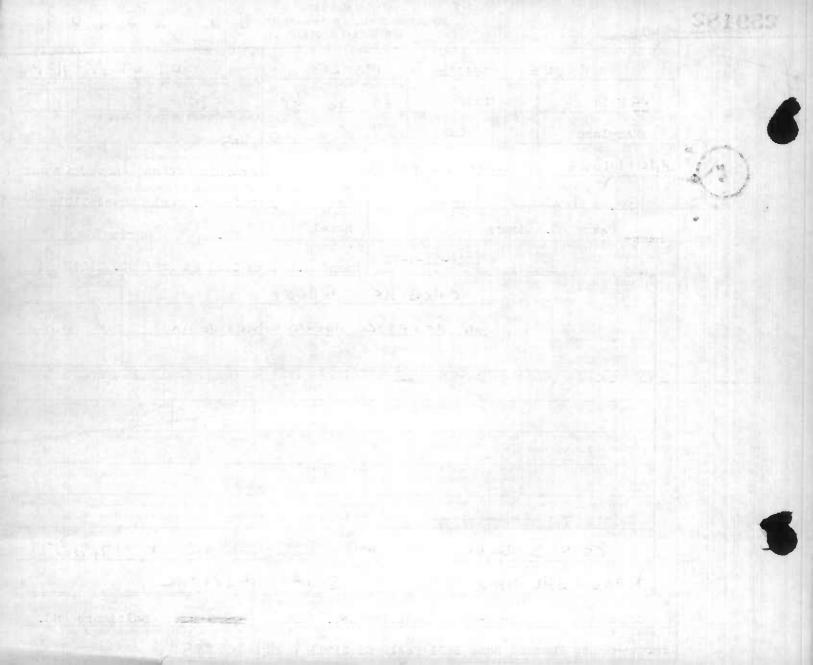
2592	212	graph and the same	1.	FOR - STATE REGISTRAR	DE	YGIE 5 2 5 3 5 9	
				CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
1 1	5.6		{TYP	Helen	Μ.	Montanari	Sept. 07 1985
6	8 6	4	3. SE		I4. RACE	S. DATE OF BIRTH	6. AGE IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 90	40	9		Female	White	087 177 1914	71 YRS. MONTHS DAYS HOURS MIN.
4	20 /	1/1	7n. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.  MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
10	100	20		Ohio /	USA	WIDOWED DIVORCED	Baltimore City MD
- 1	25	37/	18. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
(	130	D/	2	Baltimore		cott Key Med.Cent	er Retired Reid-Avery
	Albed in	犯	130.	AL RESIDENCE (IF NURSING HOME OF STATE MARY Land Ba.	or other institution, give residence in the control of the control	CE BEFORE ADMISSION)  DR TOWN  13d. IN SIDE CITY LIMITS?  YES   NO XX	
T.	22	19	M. F.	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN I	NAME
MA b	13/	10	1	Anthony	DeSai	rro Maria	Bontaria
SE SE	37	D A		WAS DECEASED EVER IN U.S. A		AL SECURITY NO. 17 INFORMANT	ADDRESS 21222
OWI	000	11	-	YES, NO OR UNKNOWN) (IF YES, G	EIVE WAR OR DATES) 217-(	09-8998 John J.	Montanari 102 Baltimore Ave
AL RECORDS, 201 W. PRESTOR The low requires that the death ion.	has been signed by the artend if permit. Then please remove co ene prior to bursol, cremation, o	ger (Shy injury, or other traumor	THEATION	Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause lost.  PARMY OTHER SIGNIFICANT  M. S. M. 19a. DATE OF OPERATION	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  Phenden	SCCD) NSEQUENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PART 11co  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
DE VIT	theeth Strom of Hyg	G	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONT	TH DAY YEAR 21t. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON O	Mento	1/	DIC	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f. LOCATION	
IVISA IG PI	the state of	hed	M	HILE NOT WHILE TO	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
HOSPITAL OR ATTENDER	O FUNERAL DIRECTOR: All ould be detached for use of the State Dept. of Health	MPORTANT, if Nem 21 is mo		22a I certify that (I) (this hosp saw the deceased glive a above, (I) (meritina) (did not be seen as a see	n Sept 3	DEGREE ATTENDING PHYSICIAN  122 ADDRESS	on death occurred on the date and hour and from the causes stated  22c. DATE SIGNED
5 #	P41	3	23a E	SURIAL, CREMATION, REMOVAL	L 23b. DATE	23¢. NAME OF CEMETERY OR CREMATORY	
BP				Burial	09/11/85	Sacred Heart of	
	- 16 50M 4/ RA 15, 4)	/82	24 FU	Cotinelly Fu	neral Home	öst Dundalk	SEP 1 1 1985

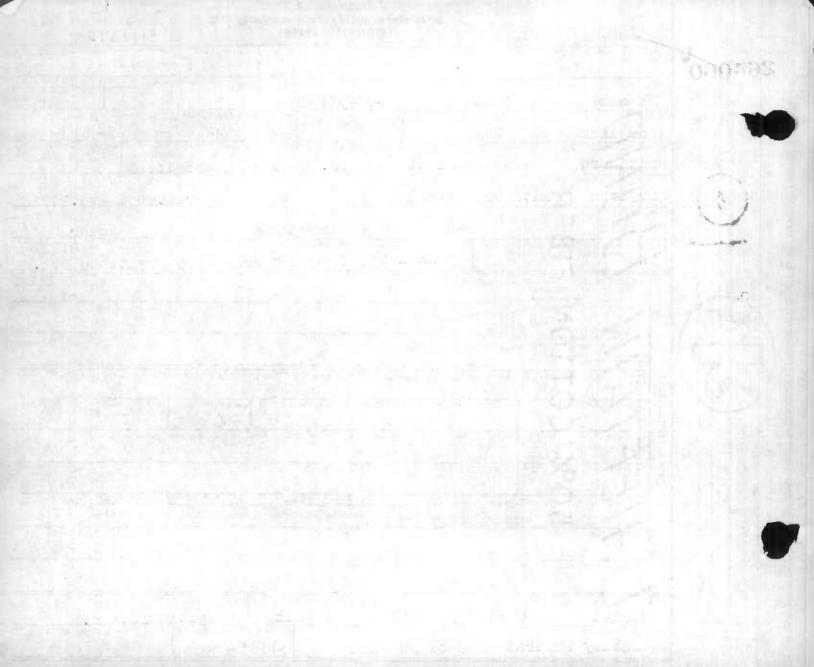
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25021	FOR STATE REGISTRAR	DEPARTN	5 3 6 0						
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DE	20 11001				
deoth	Margar	et 🗷 I.	Mooney	SEPT 06	85 9碧 ~				
3 SEX		4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS				
F F	emale	White	July 27, 1898	87 YRS	DIVINS BATS HOURS MIN.				
M	aryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED MOVED NOT	Baltimore City, MD					
(章 0 章) 4十	Baltimore	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A  Union Memor:	ial Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Charwoman	126 KIND OF BUSINESS OR INDUSTRY Building Cleaning				
130. S	Maryland   136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 134 CITY OR TOWN Baltimor	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2628 Hampden Avenue 2121					
a Ge	THER'S NAME FIRST Charles White	AIDDLE LAST	Dora App	oleby	LAST				
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 160 SOCIAL SECUI	RITY NO 17 INFORMANT	ADDRESS					
a da	No	- 215 16 0	628 Dorothy Ze	pp 2646 Hampde	n Avenue				
in signed by the attending phy. Then please remove corbonpo to burial, cremation, or remov injury, or other troumatic event	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	INAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  N IN PART 110				
ysicion.  cate hos been signossi permit. The Wignene prior to & 8 shows ony injur.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?				
C 2	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT ( OR PART 2)				
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spital or STOR: Alfar use of Healt	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did nat	ol) attended the deceased from	and that in (my) (our) apinion of	to	that   It (we) last and from the couses stated				
by the horest DIRECT DIRECT DIRECT DIRECT DIRECT DEPT.	226 SIGNATURE  M Herd R  22d PHYSICIAN'S NAME (1986 OF	aula	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 9/26/85				
hould b with the WPORT	Dr. M. Keitl	n Rawlings		on Memorial Hos	spital				
BP B	URIAL, CREMATION, REMOVAL SPEC(#Y) Urial		w Cathedral	23d LOCATION CITY OF TOWN Baltimore, Mar					
MAH . 16 6088 7/84	ineral director urgee-Henss Fun	eral Home, Balti	more, Maryland St	P 3 0 1985	ARS LIGNATING TAIL				



259182	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENS 5 2	5 3 6 1			
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
2 750	1	BRUC	€ William	MOORE	09	09 85 11 P			
E 44	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
90 4		#4 Male	WHITE	MONTH DAY YEAR	36 YRS.	MONTES DATS HOURS MIN.			
是 题 的人	7a BI	RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH			
	1	Maryland	USA	WIDOWED DIVORCED	_	м			
1	10 C	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE		170. USUAT OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING I				
hours hours	USU.	AL RESIDENCE (IF NURSING HOME OR		SPITAL BEFORE ADMISSIONI	Graphic Artist	Advertisment			
THE WAY	T30 S	STATE 136 COUN		TOWN 134 INSIDE CITY LIMITS					
within 2 within 2 sho	IA EA	Md ===	City	YES NO 15. MOTHER'S MAIDEN	2631 St. Paul S	treet 21218			
l with		Harry C.	Moore tas		WIDDLE	LAST			
9	140 1	VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	E. Mc	organ			
Poge medico			E WAR OR DATES	2-4072					
Pe Pe		no -		Hazel E. M	loore 2631 St Paul				
hysic oope oval.	10	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	lly ane cause per line for (a), II			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
entife Bong Pong rem			TE CAUSE 10)	RDIAC ARRES	Τ				
oth o	30		DUE TO, OR AS A CONS		0.1100111	1 10			
a otto		Conditions, if ony, which gove rise to immediate	(b) NETA	STATIC ADENO	CARCINOMA	× Months			
by the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF					
ned by please urial, cr		DARLO OTHER CIONIECCANIZ	(c)						
sogn hen to bu	Z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GI	VEN IN PART Ita			
y in I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED			
no berm	FFC				IN CERT	IFYING CAUSES OF DEATH?			
N. The	ERT	21a. ACCIDENT WAS UNDERLYING	7 716. TIME OF INJURY	71c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18				
CIAN: The physicic physicic physicic of tronsit at the physicic of tronsit at the physician 18 should be proposed to the physician 18 should be physician 18 sho		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	Tenter in the second se	, and the same of			
YSK ting s cer s cer menio	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 716. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION					
PH the pho and b	NE NE	WHILE NOT WHILE D	JAT HOME STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE			
Afte os sith o	133	AT WORK							
Tolon O. S. Heese		220.1 certify that (1) (this hospi sow the deceased alive on			nion death occurred on the date and ha	, 19, that (I) (we) las			
OSP.		obove, (I) (we) (did) (did no 22b, SIGNATURE	t) view the body ofter deoth.	DEGREE	non deall occurred on the dole one no	22c. DATE SIGNED			
the hortoched		VIB. SIGNATURE	2-0	ATTENDIN	G MEDICAL STAFF	9/9/D			
RAL Get		224 PHYSICIAN'S NAME (TYPE O	> Sterna	ATTENDIN PHYSICIAI	N DIRECTOR PHYSICIAN	11/7/83			
HOSPIT FUNER buld be th the Ste	1	1000			16.601 - 11				
ro HOSPITAL retained by th TO FUNERAL should be deta with the State			LMAN	SINAI					
T 5 L 4 7 3	23a. E	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION CITY OF TOWN	COUNTY STATE			
BP		Cremation	9-11-85	Westview Mem. Park		altimore Md.			
DHMH - 16 50M 4/83	130	UNERAL DIRECTOR	ADD	RESS	DATE REC'D, BY REGISTRAR 256, REGIS				
(VRA 15, 4)	Bu	rgee-Henss Fune	eral Home 3631	Falls Rd 21211	SEP 1 3 1985 Gulian	Devidson-Randelle			





FOR

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

	REGISTRAR			CERTIFI	CATE OF D	EATH		REG. NO				14	
1	I DECEASED NAME FIRST	MI	DDIE	1A	ST .		2a DATE OF		MONTH	DAY	YEAR	26 HOUR	_
1	FRANCE	es s	5.	MOR	RIS	6000	500		9	12	85	7:33	D M
1	3 SEX	4 RACE		5. DATE OF			6. AGE (INY	EARS LAST BIR	[HDAY]	IF UND	ERIYEAR	IF UNDER 24 HR	
1	Female	White		MONTH 5	21	21	64		Was	MONTHS	DAYS	HOURS MI	4.
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W					9 BALTIMO	RE CITY O	R COUNT	YOFD	EATH		-
	Maryland	U.S.		MARRIED	☐ NEVER N	ORCED T	Bal	to. C	itv				
1	10 CITY OR TOWN OF DEATH		SPITAL, NURSING	HOME OF			12a USUAL	OCCUPATION	NC			F BUSINESS C	ND OR
	Balto.	Fed. H:	ill Nursi	ng Ho	me		Nurse:		F WORKING L		Nurs	. Home	
	USUAL RESIDENCE (IF MURSING HOME OF 130. STATE 136 COU		30. CITY OR TOWN Balto.		13d. INSIDE C	NO [	13e. STREET 330	ADDRESS 7 McE	ldery	St	. 21	205	
	14 FATHER'S NAME FIRST	WIDDLE	LAST			MAIDEN NAA	ΛE	WIDDLE			LAS1		
	160 WAS DECEASED EVER IN U.S. AI (YES NO ORUNKNOWN)   LIFYES, G	IVE WAR OR DATES)	66 SOCIAL SECURI 212-80-43		Ms.	Pat Rok	oinson	Bal	330 to.,	7 M	cEld	ery St	
1	18 CAUSE OF DEATH (Enter o	inly one couse per li	ne for (a), (b), and i	c).)						T	APPROXIE BETWEEN C	MATE INTERVAL	н
1	PART I. DEATH WAS CAUS	TE CAUSE (0)	ardiac	arri	rythm	un					mic	110	
	Canditions, if any, which gove rise to immediate couse (a), stating the	(b)	AS A CONSEQUENT	fail	ure						- 1	year	
	underlying couse lost			rino	ma								
1	PART 2 OTHER SIGNIFICANT			ATH BUT N	OT RELATED	TO THE TERM	NAL DISEASI	ORCON	DITION GI	VEN IN	PART IIo	1	
4	o conge	stive lu	10011		. dia	hetes	neli	1 tas	- 30				
j)	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITE	ON FOR WHICH OF	PERATION	WAS PERFOR	MED	20a AUTC		IN CERTI	FYING		GS USED OF DEATH?	
	OR CONTENDED TO CHIEF OF THE	HOUR A.M.	MONTH DAY	YEAR	21c HOW INJ	URY OCCURR	YES ED (ENTERNA	NO NO		PART I OR	PART 2)	NO 🗍	
ı	LIFETHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	21e PLACE OF	INJURY		211 LOCATIO	N		CITY OR TOV	VNI		YINU	STATE	
1	AT WORK NOT WHILE AT WORK	TAT FOME STREET	, FACTORT, OFFICE, FARA	A, EIC.)	JINGET			CITORIO			0.411	STATE	
	22a. I certify that (1) (this hasp sow the deceased alive ar above, (1) (we) (did) (did no	stal) attended the and September 5 september of siew the body of	deceased from	100		ur) opinion d	-		te and ha	19_8		hot (l) (we) lo	st
	226. SIGNATURE	427.		DE	GREE	TENDING	MEDICAL	STAF	F	22	C. DATES	SIGNED	
1	22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)	per	10	22e ADDRESS	HYSICIAN 🔀	DIRECTOR [	PHYSIC	AN		7/1	6/13	
	Carol 6	Hoop			107	E. Wes	ct . et	root	120	140	VIII F	114.21	2:

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Anatomy Board

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Removal

236. DATE

9/12/85

Balto., Md.

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

250 DATE REC'D. BY REGISTRAR 256 BEGISTRAB'S SIGNATURE
SEP 26 1985 Julia Davidson-Randale.

STATE

COUNTY

W.C. MARCH F/H CO. 1101 E. North Ave

(VRA 15, 4)

FOR - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES **CERTIFICATE OF DEATH**

REG. NO.

	I. DEC	EASED NAME FIRST	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY YEA	Zb. HOUR			
	(TYPE,	or prints	Willie	Max	rison sr.		9-5-8	5 130 AM			
	3 SEX		RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT					
	M	ALE	BLACK	MANTE	8 DAY 2 9 YEAR	56	YRS.	AYS HOURS MIN.			
79			LOTIZEN OF WHAT	COUNTRY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	H			
0		ORTH CAROLINA	U.S.A.	WIDOWE	DIVORCED	BALTIMOR	E CITY	MD.			
9	B	altimore	PROVIDE	NT HOSPIT	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR TRY			
25	130 S M	AL RESIDENCE 11 NURSING HOME OR C		LTIMORE	134 INSIDE CITY LIMITS?	13 STREET ADDRESS	CARROLLT	ON 21217			
0		THER'S NAME LDIN MORRISON	IDDLE	LAST	MAGGIE MO			LAST			
1	16a W	VAS DECEASED EVER IN U.S. ARM		OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS				
	Y'	E SO OR UNKNOWN)   1 IF YES, GIVE	war or dates) 2.3	7-38-4125	SARAH MORF	RISON 1123	N. CARR	OLLTON AV			
e		11 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line fo	ir (a), (b), and (c).)	1	Λ (	BETW	PROXIMATE INTERVAL ZEEN ONSET AND DEATH			
		IMMEDIATE		vaio-Re	speratory	Hyvest					
			DUE TO, OR AS A	CONSEQUENCE OF	1 1 1/1	/	1				
		Conditions, if ony, which gove rise to immediate	(b) W	455. VR. C	erebral Va	Scular 17	cceden				
		couse (a), stating the underlying couse last	DUE TO, OR AS A	CONSEQUENCE OF							
			(c)								
	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contri</u>	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	II lio			
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20m AUTOPSY?	20b. IF YES, WERE FIL				
7	F					YES NOT	IN CERTIFYING CALL	JSES OF DEATH?			
0	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	IRY	21c HOW INJURY OCCUR						
4		OR CONTRIBUTING CAUSE OF DEAT									
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF IN.	19	71L LOCATION						
	WEI	WHILE NOT WHILE AT WORK		TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNT	Y STATE			
		220 1 certify that (I) (this hospite	ol) attended the dece	osed from Aug.	54 15 19 8 5	10 Septi	5 19.85	_, that (I) (we) lost			
		sow the deceased alive on above, (1) (we) (did) (did not	Sept- 5	19 8-5 00	nd that in (my) (our) opinion	death occurred on the do	ote and hour and from	the couses stated			
		226 SIGNATURE			DEGREE		22c. D	ATE SIGNED			
		allice	Bribe	mo.	ATTENDING PHYSICIAN [	MEDICAL STAF		enst 5, 185			
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		220 ADDRESS PROC	redent t	tospita	P			
		Allick Duch	e, m.D	i	Bult, m	ove M	di 212	15			
		SURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23 LOCATION CITY OF TOWN	COUNTY	STATE			
		URTAT	9/10/85	CROWN	SVILLE VA	CROWNS	CROWNSVILLE MD				

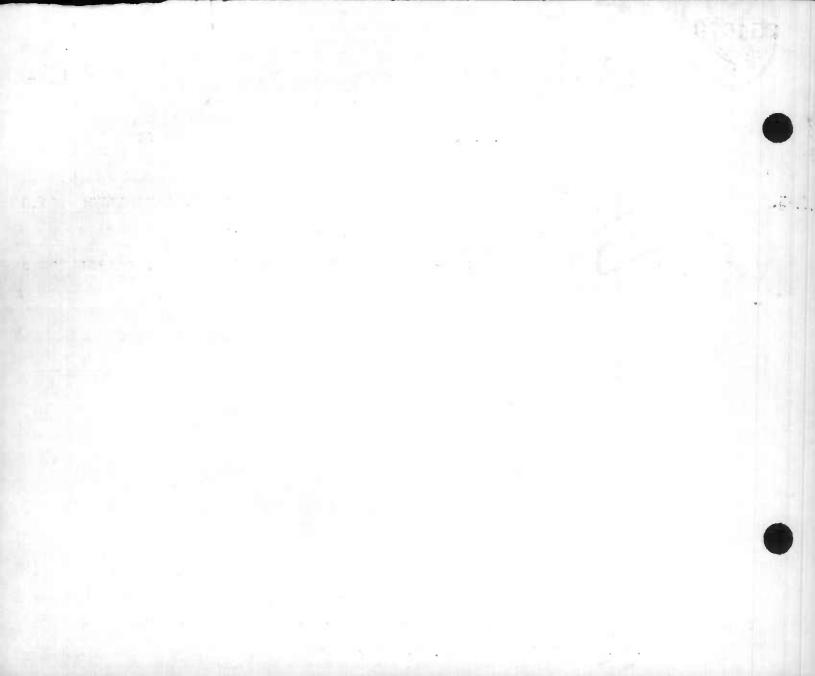
DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR should be detoched with the State Dept

BURTAT 24 FUNERAL DIRECTOR WM. NAMC. MARCH F/H 1101 E. NORTH AVENUE (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 9 1985

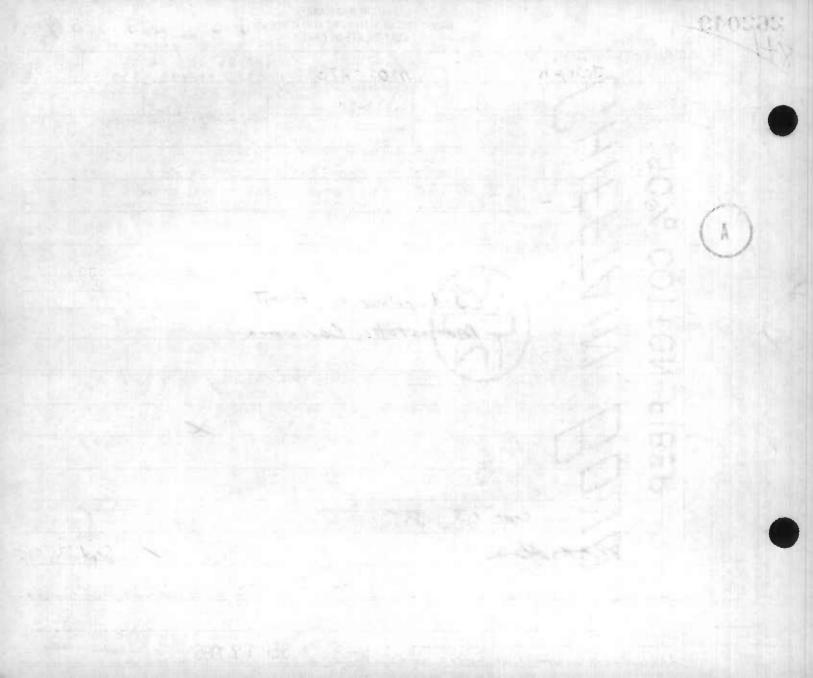
ne waydoon-Randale



-		FOR 16b, 17, 23 STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG.		
		CEASED NAME FIRST	M	DDLE	ŁA	157	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
		MARY		J M	ORRIS		SEPTEMBER	21, 1985	1:59AM
	3.56	×	4. RACE		5. DATE O		6. AGE (IN YEARS LAST E	IRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS
		Female	Whit	te	11	9 1953	31	YRS	
XI	a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) OK Lahoma	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH
25	-Qe	klahoma	U.	S. A.	WIDOWE	D DIVORCED	BALTIMORE	CITY	M
100	To C	ITY OR TOWN OF DEATH	11 NAME OF H	OSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPA		126. KIND OF BUSINESS O
35	BA	LTIMORE		HOPKINS		TAL	"Accounti	ng Cler	INDUSTRY
E	30		ROTHER INSTITUTION ON TO NOTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Tulsa		13d INSIDE CITY LIMITS? YES \ NO []	13e STREET ADDRESS 2931 Ea	zip dobe st 72nd	199999 Place
121	A.F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST
8/		Edmond		Morri	son	Mary			Chandler
000			RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS	Ok.
5				445-54-	5653	. Carol Murphy	2931East	22ndPla	ce Tulsa Cak
-		II CAUSE OF DEATH (Enter o	nly one cause per l	ine far (o), (b), on	dic				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.4		PART I. DEATH WAS CAUSI	TE CAUSE 10)	MRDIOPU	LMONA	RY ARREST		THE N	1 Har
70			DUE TO, OR	AS A CONSEQUE	NCE OF				0
		Conditions, if ony, which	( (b)_	METABOLE	e Act	DOSES / HYPOXIA			8 HPS
		gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF .				
		underlying couse last.	(c)	CONGENT.	11	EANT DISEASE			314RS
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 1 o
2	NO.	SEPSIS							
5	3	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?
7		8/29/85	CON	SENETAL W	CART [	7	YES TO NOT		
1	E	0191102				SENSE	YES NOW	YES [	
Z	CERTIFICAT	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		, , , ,	I OR PART 2)
Zg	10-210	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA				, , , ,	I OR PART 2)
19	10-210	210 ACCIDENT WAS UNDERLYING	HOUR A.M R) P.M 21e PLACE C	A. MONTH DA A. DE INJURY	AY YEAR 19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF N.	JURY IN ITEM 18 PART	
1	MEDICAL CERTIFI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	HOUR A.M R) P.M 21e PLACE C	A. MONTH DA	AY YEAR 19	21c. HOW INJURY OCCUR		JURY IN ITEM 18 PART	I OR PART 2)  COUNTY STATE
19	10-210	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF ETIMER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED NOT WHEE AL WORK	ATH R) P.N 21e PLACE C (AT HOME STRE	A. MONTH DA A. DE INJURY ET, FACTORY OFFICE, F.	AY YEAR 19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF N.	JURY IN ITEM 18 PART	
79	10-210	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF ETHER NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED  NOT WHEE ALWORK 220 I certify tho (In) (this hosp	ATH HOUR A.N P.N 21e PLACE C (AT HOME SIRE	A. MONTH DA A. DE INJURY ET, FACTORY OFFICE, F.	YEAR 19 ARM ETC)	211 LOCATION STREET	RED (ENTER NATURE OF IN	OWN 19	COUNTY STATE
19	10-210	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF ETIMER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED NOT WHEE AL WORK	ATH HOUR A.N P.N 21e PLACE C (AT HOME SIRE	A. MONTH DA A. DE INJURY ET, FACTORY OFFICE, F.	YEAR 19 ARM ETC) 8 2	216. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	OWN 19	COUNTY STATE
19	10-210	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE INF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  NOT WHILE AT WORK  220 I certify the Pithis hosp saw the deceased alive an obove, (1) we ) did i'did not obove, (1) we ) did i'did not obove, (1) we ) did i'did not not obove ) did i'did not	ATH HOUR A.N P.N 21e PLACE C (AT HOME SIRE	A. MONTH DA  N. DE INJURY EL, FACTORY OFFICE, F.  deceosed from	YEAR 19 ARM ETC) 8 2	211 LOCATION STREET  19 00 d that in (Company opinion operation)	CITY OR 1	OWN . 19, date and haur at	COUNTY STATE  S, the (II) e) lot not from the causes stated  22c. DATE SIGNED
7	10-210	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  NOT WHITE ALL WORK  220 I certify the IT this hosp saw the decease police or abave, (1) we) did (did no 22b SIGNATURE	HOUR A.M. P.M. 21e. PLACE C (AT HOME SIRE IT VIEW the body of the	A. MONTH DA  N. DE INJURY EL, FACTORY OFFICE, F.  deceosed from	YEAR 19 ARM ETC) 8 2	211 LOCATION STREET  19 00 d that in (Company opinion operation)	CITY OR 1	OWN . 19, date and haur at	COUNTY STATE  Should be consequently the country of
Z9	10-210	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  NOT WHITE ALL WORK  220 I certify the IT this hosp saw the decease police or abave, (1) we) did (did no 22b SIGNATURE	HOUR A.M. P.M. 21e. PLACE C (AT HOME SIRE IT VIEW the body of the	A. MONTH DA  N. DE INJURY EL, FACTORY OFFICE, F.  deceosed from	YEAR 19 ARM ETC) 8 2	211 LOCATION STREET  19 d that in (Cy) tour opinion of the physician (Physician (Physici	CITY OR 1	OWN 19, 19, date and haur at	county state  state  the (if ye) lose and from the causes stated  22c. DATE SIGNED  9-21-86
WPORTANI If Nem 21 is marked at Nem 18 shaws only in	MEDICAL	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  NOT WHEE AL WORK 220 I certify the (In) this hosp saw the decease holive or abave, (I) we) (did (did no 22b SIGNATURE)	HOUR A.M. P.M.  21e. PLACE C (AT HOME SIRE  (Ital) ottended the ottiview the body of	A. MONTH DA	AY YEAR 19 ARM ETC) 8 2	216. HOW INJURY OCCUR!  211 LOCATION STREET  19 55 d that in (Proposition of Physician Physician (Physician Care)  22e Address  7 H HV	CITY OR I	OWN  19.  date and haur at CIAN S  WOLFE ST  MARYLAN	the (If be) los of from the causes stated 22%. DATE SIGNED 9-2(-86)
WPORTANT, if them 21 is manked at them 38 shares coy in	MEDICAL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  NOT WHITE ALL WORK  220 I certify the IT this hosp saw the decease police or abave, (1) we) did (did no 22b SIGNATURE	ATH HOUR A.M. P.M.  21e. PLACE C (AT HOME SIRE  ital) ottended the	DE INJURY EL, FACTORY, OFFICE, F. deceosed from 19 ther death.	AY YEAR 19 ARM ETC) 8 2	216. HOW INJURY OCCUR!  211 LOCATION STREET  19 65 d that in (Promison opinion of the physician	CITY OR 1  . to	OWN  19.  date and haur at CIAN S  WOLFE ST  MARYLAN	STATE  ST

-15.00 Bi -THE REPORT OF THE PARTY OF THE ton, and a configuration of the state of the CHIEF TO THE PROOF OF THE And he was the manufacture and the section of the sections

Ma BIR MC O CIT	YOR TOWN OF DEATH  1timore  RESIDENCE (IF NURSING HOME O ATE 135 COU	Caucasian  7b. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIR (IF NOT IN SUCH FACILITY, GIVE STREET  GOOD Samar	MARRIE NEVER MARRIEL WIDOWED DIVORCEL NG HOME OR OTHER INSTITUTION ADDRESS)	66 yrs  9 BALTIMORE CITY OF  Baltimo	YRS.  COUNTY OF DEATH  OTE CITY
Ma BIR MC 0 CIT Ba JSUA 30 S MC	THPLACE (STATE OR FOREIGN UNITRY)  YOR TOWN OF DEATH  Itimore  RESIDENCE (IF NURSING HOME OF ATE 136 COU	Caucasian  7b. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET  GOOD Saman	MARRIE NEVER MARRIED DIVORCED DIVORCED ADDRESS)	66 yrs  9 BALTIMORECITY OF  Baltimo	YRS.  COUNTY OF DEATH  OTE CITY
MC Barrens Bar	THPLACE (STATE OR FOREIGN UNITRY)  YOR TOWN OF DEATH  Itimore  RESIDENCE (IF NURSING HOME OF ATE 136 COU	76. CITIZEN OF WHAT COUNTRY?  IISA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET  GOOD Samar	3-3-1919  **MARRIE*** **MEVER MARRIEL **WIDOWED** **DOWNED** **DOWNED** **DOWNED** **ADDRESS)	66 yrs	COUNTY OF DEATH
MCO CITO	OUNTRY)  Y OR TOWN OF DEATH  Itimore  L RESIDENCE (IF NURSING HOME OF ATE 136 COU	USA  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) GOOD Samar	MARRIE NEVER MARRIED DIVORCED DIVORCED DIVORCED MADDRESS	Baltimore CITY OF Baltimore N 120 USUAL OCCUPATION	ecounty of DEATH
MC 0 CIT Ba JSUA 30 S MC	YOR TOWN OF DEATH  1timore  RESIDENCE (IF NURSING HOME C ATE 1136 COU	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET GOOD Samar	WIDOWED DIVORCED  NG HOME OR OTHER INSTITUTION  ADDRESS)	Baltimo	ore City
Ba JSUA JSUA JSUA MC	YOR TOWN OF DEATH  1timore  RESIDENCE (IF NURSING HOME O ATE 135 COU	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET GOOD Samar	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATIO	ore City
JSUA 30 S MC	L RESIDENCE (IF NURSING HOME O	Good Samar			ON 126 KIND OF BUSINE
JSUA 30 S MC	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE BESIDENCE BEFORE		(TYPE OF WORK FOR MOST OF	
MC 4 FA	ATE 136 COU		Itan Hospita	Steelwon	rker   Beth. S
4 FA		NTY 13c CITY OR TOW	/N 13d INSIDE CITY LIMI		
20		Balto.	YES XX NO	3653 Keny	yon Avenue 21
	HER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDE	MIDDLE	LAST
F.I	ank Moscato		Phyllis	Piazza	
60 W	S NO OR LINKNOWN! I HEYES G	RMED FORCES? 166. SOCIAL SECT	PRITY NO. 17 INFORMANT	ADDRES	SS
ye	~	10000	1064 Angela	Moscato sa	ame address
	18 CAUSE OF DEATH Enter o	nty one couse per line for to:, (b), or			APPROXIMATE INTE
	couse (a), stating the underlying couse lost.	(c)		TERMINAN DISEASE OF COLUMN	
NO N				TERMINAL DISEASE OR COND	
TIFICAL	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
E E			21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
¥		Ain			
ă		21e PLACE OF INJURY	211 LOCATION	CITY OR LOV	NN COUNTY S
Σ	WHILE NOT WHILE	TAT HOME STREET, PACTORY, OFFICE	FARM, ETC }	CITORIO	
		ntal) attended the deceased from_		, to	, 19, that (I) (v
	sow the deceased alive of	Sept 15 19	, and that in (my) (our) op	inion death accurred on the do	
		or) view the body offer deoffi.	DEGREE		27c. DATE SIGNED
	RAND	Asia			
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	AN DIRECTOR PHISICI	AIVE JOY!
			2 5000	amanitan Has	mital Dalta
20.01	IDIAL CREMATION PERSON	1225 DATE 122			bitai, Raito,
30. BI	PECIFY)			CITY OR TOWN	COUNTY
			ulaney Valley	Mem. Park.	Balto., Md.
PHIL	himunek Fune	eral Home, Janc		SEP 1 7 1985	The Davidson-Randal
NCITACISTED IACIDAM	MEDICAL CERTIFICATION	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (oil, stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for 101, 101, or PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEOU  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  190 DATE OF OPERATION  190 CONDITION FOR WHICH  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR A.M. MONTH D  P.M.  21d. INJURY OCCURRED  21d. INJURY OCCURRED  WHILE   NOT WHILE   210. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE IN SOW the deceased olive on sow	18 CAUSE OF DEATH   Enter only one couse per line for 10;   10;   ond (c)	18 CAUSE OF DEATH   Enter only one couse per line for 10.   1b) ond 10.



STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

	CEASED NAME	FIRST		WIDDLE	- 1	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR			
(I TIPE	OR PRINT)	LBERT		.J	MOS	SED	200	2	85	0.	10n^				
3. SE	(		ACE	0	5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER				
	Male		White	9	MONTH		07		MONTHS	DATS	HOURS	MIN.			
2 00	DTUDI A CE				Dec		73	YRS							
/0. BI	RTHPLACE (STATE OR F	OREIGN 7b. (	U.S.A	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH					
	maryland				WIDOWE	D DIVORCED	BALTIMORE	CITY				MD.			
90.CI	TY OR TOWN OF DEA	TH 11.		HOSPITAL, NURS		PROTHER INSTITUTION	12a USUAL OCCUPA		12b.	KINDO	F BUSIN	ESS OR			
B/	LTIMORE	/ 1				Adm. Hospital		OF WORKING	He	avy	Equ:	pmen			
USU	AL RESIDENCE (IF NURS	ING HOME OR OTHE		GIVE RESIDENCE BEFO	DRE ADMISSIONS										
130_3	Md.	Balto		Reisters	stown	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CO	Rd.	211	36				
14 F.A	THER'S NAME		-			15. MOTHER'S MAIDEN NAM		10101	21018	Gas tille til	. , 0				
1	John	B.	(E	Moder		Priscella									
				Moser											
	VAS DECEASED EVER	(IF YES, GIVE WA		166 SOCIAL SEC	URITY NO.	17 INFORMANT	2130	rold W	lestu	vinst	ter !	Pike			
	Yes	WW :	II	214-18-3	3779	Bessie VonGu	inten Fink	sburg,	Md.	210	)48				
	18 CAUSE OF DEATI	H Enter anly a	ne couse per	r lipe for (a), (b), o	and total					APPROXI	MATE INTE	RVAL			
100	PART I. DEATH W	AS CAUSED BY	ALISE (a)	(and	WOUL	monary a	rrest								
		IMMEDIATEC	A03E (0)												
. 0	Conditions if	tra (	DUE TO, O	RASA CONSECU	UENCE OF	monary a el metasta	tie and	01							
	Canditians, if any, gave rise to imm	nediate )	(p)	21334	nine e	o mension	au cent	<u> </u>							
	underlying couse		DUE TO, O	R AS A CONSEQU	UENCE OF				- 10						
			(c)												
7	PART 2 ATHER SIGN	IIFICANT CON			DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION G	INEM IN	PART 110					
Ö	1301V	ation		umonia							90	100			
CA	190 DATE OF OPERAT	ION	1 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	IGS USE	D			
TIE							YES NO		YES T	-AUSES	NO [				
MEDICAL CERTIFICATION	210 ACCIDENT WAS UND	ERLYING	21b. TIME C			21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 1	B PART I OR	PART 2)					
AL	OR CONTRIBUTING				DAY YEAR	State of the last									
S	214 INJURY OCCURR		21e PLACE	OF IN HURY	19	211 LOCATION						_			
ME	WHILE NOT WH	ILE T		REET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OR	town	CO	UNIY		TATE			
	AT WORK AT WOR	2%					CENTER	MTD 0		rw .	2020				
	220 I certify that XIX	(this hospital)	attended the	ne deceased from	AUCUST	23 19 85	, 10_SEPTEN		19_8		hatXX (				
	sow the decease	d olive on Follo	w the body	atter death.	85 or	d that in (XX (aur) Opinian o	leath accurred an the	date and h	aur and t	am the	causes st	oted			
	1716 SIGNED TOPE	11	0		3 - 1	DEGREE	THE RESERVE		72	DATE	GRINO	15			
	/ ) /	Nes	le	7		ATTENDING PHYSICIAN	MEDICAL ST	AFF NEX	-	91:	2/5	2			
	THE PHYSIQUES IN	ME I FIRE CONTROL	7	1	W 3 H	22e ADDRESS				11	1				
	Λ.	100	1000	/											
224 0	FIRM CREWATION	DEMOVAL L	100	Lw	NAME OF C	LANGERT ON COPYLINGS	THE LOCATION								
1	Burial	140	ent	5.1985 G	arriso	n Forest Vet.	Com- COLORIONA	- M47	coun	8-7+		MA.			

DHMH - 16 60M 7/84 (VRA T5, 4)

- Owings Mills, Md. 21117)

book Mayon Veterane Adm. Bounited Driver-Herris Versuntern chilebiner, 3d. 2238 December & meter designation of

Duriel Hept, 5,1985 Engrises Forest Vet.Com. Osingo Mills, Helto., Md.

PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VIT

# FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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Sine.	~	0	0	-

	REGISTRAR			CLICITI	ICAIL OI	PLAIN		REG. I	NO.			
	CEASED NAME FIRST	,	MIDDLE	L	AST		20. DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR
	PHILL	IP	A	MC	SS				9	3	8.2	9:00 A
3. SE	х	4 RACE		5 DATE C	OF BIRTH	YEAR	& AGE (IN	YEARS LAST B	JIRTHDAY)	MONTH MONTH	DER I YEAR	IF UNDER 24 HRS
MA	LE	WHITE		03		29	56		YRS		0.110	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMO		OR COUN		DEATH	
	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET MEMORIAL	G HOME C	OR OTHER IN		12a USUAL (TYPE OF WO	OCCUPA	TION FOR WORKING	12	NDUSTRY	of BUSINESS O
13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION		admission)		CITY LIMITS?	13e STREET	ADDRESS			21206	
14. F/	ATHER'S NAME PERCY	AIDOLE	MOSS		15 MOTHE EL	R'S MAIDEN N. FIRST MA	AME	WIDDLE			LAS WEST	
	NAS DECEASED ÉVER IN U.S. ARA YES, NO OR UNKNOWN)   {IF YES GIVE NO	MED FORCES?	228-32-3		17 INFOR	AANT LOTTE MO	OSS_492	ADDI		ROAI	0	
7	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIAT		Metasta		iophog	cal CA	(Ade	no-)			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause last	(b)	R AS A CONSEQUE Septice R AS A CONSEQUE	MICE OF								
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEAS	SE OR CO	NDITION	SIVEN I	V PART 110	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	ORMED	20a AUT	OPSY?	IN CER			NGS USED OF DEATH?
EDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	H 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19									
MEDI	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE (	OF INJURY SEET, FACTORY OFFICE F	ARM ETC )	211. LOCA STR			CITY OR T	OWN	(	COUNTY	STATE
	220 I certify that (I) this haspit sow the deceased alive an abave, (I) (we) (did) (did nat	9/1	1 198	8 5 ar	11 F / md that in (m	y) (our) opiniar	, to	ed on the	3 date and h	_, 19_ laur and		that (B (we) lo causes stated

should be detached for unith the State Dept. of He MPORTANT: BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Removal 24 FUNERAL DIRECTOR

22b. SIGNATURE

23a. BURIAL, CREMATION, REMOVAL

Anatomy Board

23b. DATE 9/3/85 230 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY

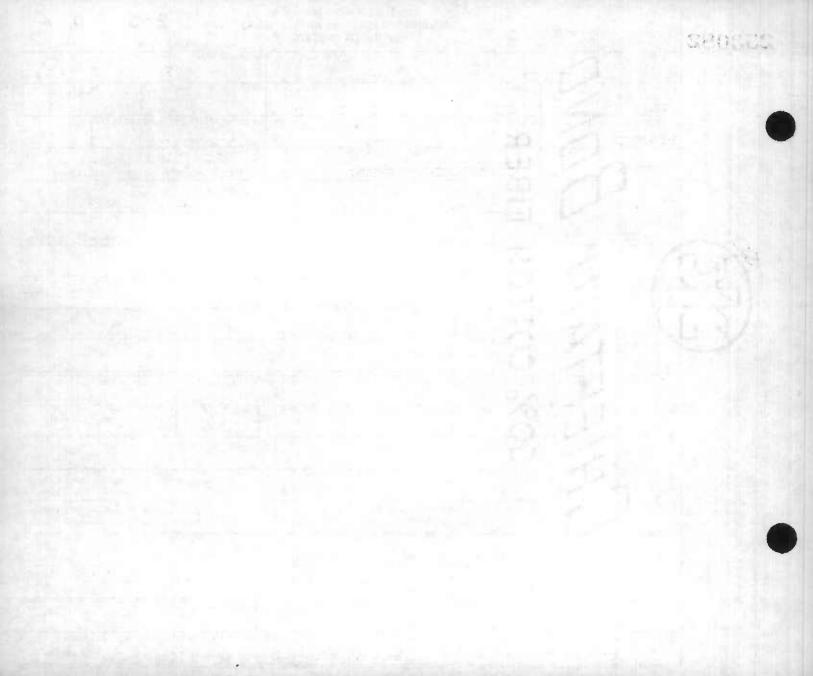
STATE

220 DATE SIGNED

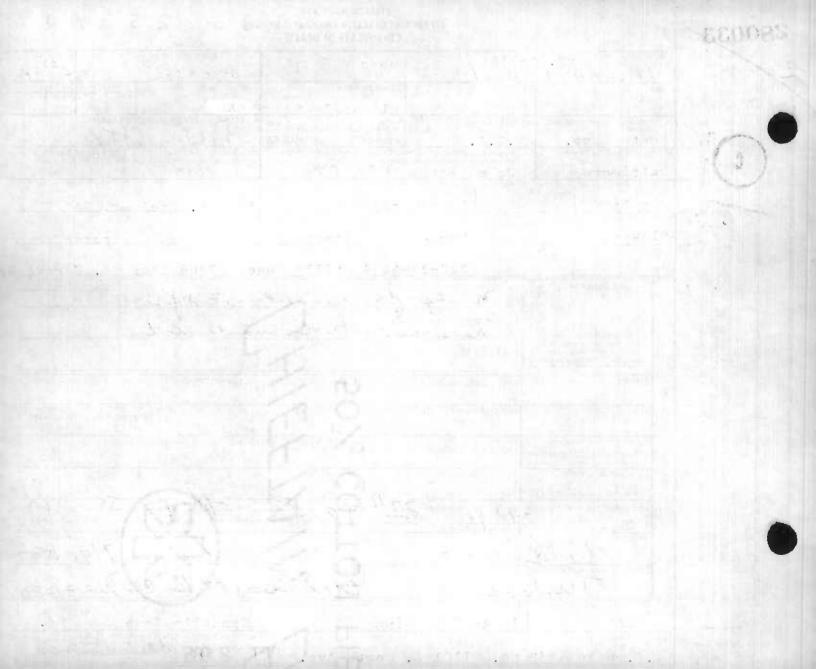
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

Balto., Md.



280033	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIEN 5	253	7 0
2/2 24	(TYP)	Mungo 1	Mable MADDLE ADDLE	Mung		20. DATE OF DEATH	MONTH DAY YEAR	425 PM
1 1	3. SE		4 RACE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS DA	
D 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70 B	RTHPLACE (STATE OR FOREIGN	B 76 CITIZEN OF WHAT COU	10 INTRY? 8.	13 20	- 0 4 - 9 BALTIMORE CITY O	YRS. OR COUNTY OF DEATH	
	1	outh Caro.	U.S.A.	MARRIE	D NEVER MARRIED	DAIT	. City	MD.
( 6)		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME C				D OF BUSINESS OR
5 C 3 370		altimore	John Dea	ton ME	D. ETR.	NIA	, , ,	
		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY 13c. CITY C	RTOWN	13d. INSIDE CITY LIMIT	S? 13e. STREET ADDRESS		
The state of the s		ryland	Bal	timore	YES NO	808 St.	Paul St.	21202
d 2 s			MIDDLE 1.	AST	15 MOTHER'S MAIDEN	MIDDLE		LAST
i i i i i	-	lover	Mun		Laura	* 0.00	Eas	ton
or o		VAS DECEASED EVER IN U.S. ARI YES NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDR		
TIM S. Po	no		240	-36-4499	Lilly .	Jones 7906	Aber Rd.	Verowa ROXIMATE INTERVAL EEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL MEDITOR PRESTON ST., BALTIMORE, MARYL MEDITOR INC. PHYSICIAN: The low requires that the death certificate be executed within 24 his centending physician.  When this certificate has been signed by the ottending physician and completely like to stream the certificate has been signed by the ottending physician and completely like this certificate has been signed by the ottending physician and completely like the order of the medical conditions are made of the medical administration orked or them 18 shows any injury, or other traumotic event, the medical administrations.	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON  (c)  ONDITIONS CONTRIBUTION  196. CONDITION FOR	NG TO DEATH BUT		TERMINAL DISEASE OR CON	IDITION GIVEN IN PAR'  206. IF YES, WERE FIN	NDINGS USED
AL The cion.	I E				3	YES NO	YES 🗌	NO 🗌
I OF VITA		21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	ZIE. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART	2)
VISION VISION G PHYS er this c s the bu rond Mc rond Mc rond Mc red or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
OR ATTENDI e hospital or DIRECTOR. A tched for use Dept of Heal		22a.I certify that (I) (this hospin saw the deceased alive an abave (I) (we) (did) (did no 77b IK (ATURE	772	1905 . 01	nd (fat in (my) (our) opi DEGREE ATTENDIN PHYSICIA		77c. D.	the causes stated ATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT: If		Jun	PEED		6118,0	las. St. B	all his	1.21238
		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATO	CITY OR TOWN	COUNTY	STATE
BP	_	URIAL	10-2-85	King		Randalls		Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR	y CO 1101	DDRESS No.	+ h A v o	OCT 2 1085	Julia Davidson	



FOR

REGISTRAR

EIDST

DECEASED NAME

- STATE

260065

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR SEPTEMBER 7, 1985 12:35am 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 50 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYRE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 21213 13e STREET ADDRESS / ZIP CODE 1312 N WASHINGTON ST MIDDLE ADDRESS WILLIAM MURRAY 6717 Laurel Drive APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 60 ninutes herosclereTic Coronay Voscular Discuse 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

COUNTY CITY OR TOWN STATE

fur pinian death accurred on the date and hour and from the causes stated

22¢ DAJE SIGNED

STAFF PHYSICIAN DIRECTOR PHYSICIAN

WOLFE STREET BALTO, MD 21205 THE JOHNS HOPKINS HOSPITAL

I SPECIFY)

Baltimore Cemetery Baltimore, 9/12/85 BURTAL MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATUR

WM. C. MARCH F/H 1101 E. NORTH AVENUE

		1	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
2	63101	1 "	STATE REGISTRAR		ME	DICAL EXAM	NER'S	ERTIFICATE C	OF BEAT	REG	NO.	0 1	diag.
1.0	3	1 DE	CEASED NAME	FIRST		MIDDLE		LAST	2		-	DAY YEA	R 2b HOU
t			E OR PRINT)							OF ESTI-			
	ASE ORS. JRS.			MARY		zabeth		RRAY		EATH MATED	□ 9	11 19 8	5
	ARY, PLEASE L'DIRECTOR. YOUR FILES. N 72 HOURS TON STREET,	3. SEX	4. R/	ACE	5. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDER		DATE	MONTH	DAY YEA	AR 2d HOU
	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	E	emale W	/hite	May 21	1014 ==	YRS.	HS DAYS HOURS	MIN PRO	DEAD	9	11 1985	5 2:39
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	対金の正要うる	FC	REIGN COUNTRY)		The Children of W	TAT COUNTRY;	MARR	ED NEVER MARR	IED 😾		_	TOPDEATH	
•	250ES(1	IN	Maryland		U.S.	Δ.	WIDOW	/ED DIVORC		ltimore			M
-	W WHE	10/C	TY OR TOWN OF D	EATH		PITAL, NURSING HO		ER INSTITUTION		OCCUPATION	TYPE OF WORK	12b. KIND OF OR INDU	BUSINESS
/ 8	SESENO Y	1	Baltimore			ity Hosp.	(STU)		Secre	of working LIFE)		Chem	
( 1	当事とから					VE RESIDENCE BEFORE ADM			10001	cai y		TOTICITI	rout
1 8	99558	13a. S	TATE	13h COUNT		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS F		0.40	10
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9	TNEWNOO	14 F	THER'S NAME		MIDDLE			15. MOTHER'S MAIDE	ENNAME	WIDDLE			
166	SW255	V	Charles		MIDDLE	Murray		Naomi		WIDDLE		Durg	in
Ö	20820	160 N	VAS DECEASED EVI	ER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDR	FSS	Durg	LII
N.	BT089 7	10	ES, NO, OR UNKNOWN)		WAR OR DATES)								
3	ASSTAN		No			163-07-4	1929	Betty M	urray	Belair	r, Mo	1.	
- 3	N N N N	1	18 CAUSE OF DE	ATH (Enter onl	ly one couse per line	for (a), (b), and (c).)							ATE INTERVAL
100	5×5×5×	1/	PARTIDEATH	WAS CAUSED	BY:	anio-cereb	ral ti	cauma compl	licatir	a seizu	re dis	order	DET AND DEATH
0	2EGRES	1	8849	IMMEDIAI		AS A CONSEQUENC		adila comp.		.9 00110		702	
52	SEASEN.		Conditions, if	anv. which	00210,01	1011001152402110							
-	EDESES.		gove rise to	a immediate	(b)								
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20	SA A A A		lying coose to	31.	(c)								
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OH OH	AS AS AS CREATE	CERTIFICATION	19a DATE OF OPE	DATION	Tial Covins	10115001111101101	250 47101111	AC BEREORIUS					
=	A FERENCE	5	176 DATE OF OPE	KATON	196 CONDI	TION FOR WHICH OF	ERATION W	AS PERFORMED?				Head	Only
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9	A HE WEN	1 8	210. EXTERNAL CA	_	216. TIME OF		21c. HC	OW INJURY OCCURRE	ED (ENTERNATU	RE OF INJURY IN ITEA	A 18 PART I OR P.	ART 2)	
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DIVISION	RETINGENT OF THE DEP	WE	WHILE DING	OT WHILE	STREET, FAC	TORY, FARM, ETC.)	5	TREET	CII	YORTOWN	CC	YINUC	STATE
	WRIT ARE	0	AT WORK AT	WORK	hom	e		0 St. Paul	1 St.,	Balto.			MD
	P. ST. P.		228 Leartify the	at Ltook charge	e of the remains des	cribed obove, held ar	Head Autop	107 - F = 1		nquiry .	and in my a	701141	111137
	FOR THE			1		TO		7				pinian	
	SER DES	1	death resulted fro	Natur	of causes .	Accident LA,	Suicide	, Hamicide ,	Undetermi	ned manner	١,		
	AAR AR		ACTUAL	MA	05			TITLE (SPECIFY)					
	▲류 수 ★ 프 · ·		SIGNATURE	AWA	MX		M	D Assistant	MEDICAL	LEXAMINER	DATE	ED 9-12	<del>-</del> 85
	OR SEA	1		1.	2							01001	
	M D M D M S	1	(TYPE OR PRINT)	Ann Ann	M. Díxon	, M.D.		ADDRESS III I	Penn St	., Balt	.o., M	2 21201	
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOUD BE TO FUNEAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLA	23a B	IRIAL, CREMATION	I.REMOVALT?	3b DATE	23c. NAME OF C			23d LOCA	IION			
		13	Burial		9-14-85	St. Jo			CITY OR TO	Green	COU	lto handa	STATE
07/84 25M	BP		JNERAL DIRECTOR		9-14-03	٥١. ٥١	כ וווע	126a D. 175			- Ba	Phralaulan	na .
	DHMH - 17		NAME		ADDRESS			Md SEF	516	BORAR 256-RI	EGISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	H	enry W.	Jenki	ns & Sor	s Co., Ba	alto.,	Md. JEI			Cartain.		

A and Presh Halto . A.d.

TRANSPORT ELEN YURRE Balain, MBCLE DE

Exacting Contact St. John's

Hearty W. I so that I Bons Co., Buito, Mel.

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1	FO	R UI	NK.#85-73	3			ALTH AND MEN			0 1	2 4 7	2	
1	STA	GISTRAR		ME	DICAL EX	AMINER	'S CERTIFICA	ATE OF DE	OF DEATH REG. NO.			13	
		SED NAME	FIRST		MIDDLE	100	LAST	- LANG	20 DATE KNO	WN X M	NONTH DAY	YEAR 26. HOUR	
	TPE OR	PRINT)	Wayne		C.		Murray		OF ES DEATH MA	TED	9-23 198	85	
3. SE	X		4. RACE	5. DATE OF BIRTH	6		IF UNDER 1 YR. IF	UNDER 24 HRS.	. 2c. DATE	MÇ	ONTH DAY	YEAR 24 HOU	
		M	8	3 ,9	45	SC YRS.	MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	1	9-23 105	85 12:5!	
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1	3	L TO.	MD	w	54			DIVORCED	Baltim	ore Ci	itv.	444	
10. 0	_	OR TOWN	OF DEATH			NG HOME, OI	OTHER INSTITUTIO		SUAL OCCUPATION		WORK 12b KIND C	OF BUSINESS	
	Ва	ltimo	re /	700 bl	C. W. M	ulberr	Street	FOR	MOST OF WORKING	LIFE)	OR INC	DUSTRY	
				DR OTHER INSTITUTION, GI	IVE RESIDENCE BEFO	ORE ADMISSION)							
130.	SIAI	ESIDENCE	BACA	rimons	13c CITY OR	RIOWN	YES TO	NO TO	C 3 SE	6 M C	RS A.	1 de	
14. F	ATH	ER'S NAME			ab ad.		15 MOTHER'	S MAIDEN NAM			41	507	
1	u	PIRST 11	ace a	TUDIER A	ay LAST	ī	MAR	T	10 COM	,	LAST		
160	WAS	DECEASED	DEVER IN U.S. AR		166. SOCIAL	L SECURITY NO			AI	DDRESS			
-	YES, M	O OR UNKNO	(IF YES, GIVE	WAR OR DATES)	3747		Mari	+ HA MU	CRAM				
=	118	CAUSEO	F DEATH (Enter on	ly one couse per line	for (a) (b) a	and (a) )			,	-	APPRO	XIMATE INTERVAL	
	1	PARTIDE	ATH WAS CAUSE	D BY:			of Chest	(uns	specifie	d)	BETWEEN	ONSET AND DEATH	
			IMMEDIA	E CAUSE (0)	AS A CONSE		01 01.000	(	7-00-1-0				
		Condition	ns, if ony, which	552 10, 5%	No A CONSE	a oznicz or							
			se to immediate stating the under-	(b)	AS A CONSEC	OUENCE OF							
		lying cau		DOE 10, OK	AS A CONSE	QUENCE OF							
	124	PT 2 DINER SIG	CHIEFCANT CONDITIONS	(c)CONTRIBUTING TO DEATH	DOT NOT BELATED	TO THE TERMINAL	A MOITIGHAN BA 13413HA	THEN IN BARY A					
Z	1		ominicant conditions	CONTRIBUTION TO BEATIN	DOL NOT KEENIED	TO THE TERMINAL	DISCUSE OR COMDITION O	PITEN IN PART 1 10.					
E	19	a. DATE OF	OPERATION	19b CONDI	TION FOR WH	IICH OPERATIO	ON WAS PERFORME	ED?			20 AUTO	DPSY?	
FF													
CERTIFICATION	21	a EXTERNA	L CAUSE WAS	21b. TIME OI			Ic. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY II	N ITEM 18 PART	YES 1 OR PART 2)	XX NO [	
		NDERLYING	; XXOR NG □ CAUSE OF E		4. MONTH DA	AY YEAR							
MEDICAL	21	9 INJURY C			OF INJURY	11.00	subject 1	was 51101	-				
ME	W		NOT WHILE XD		TORY, FARM, ETC.)		STREET	F.7 14 7.1	CITY OR TOWN	D- 1	YINUO	STATE	
	A	I WORK -	AT WORK		street		700 blk.	w. Mulk	perry St	., Bal	lto., Md	•	
		220. I certif	fy that I wak charg	e of the remains de	cribed bove,	held an		Inspection,	Inquiry	and in	my opinion		
		death resulted from: Natural causes											
	1	CTUAL	1000		A	Un Do	TITLE ISPE	(CIFY)					
1		GNATUR	Mill	early X	may	U NU	Assis	tant_MEI	DICAL EXAMINE	R S	DATE 9-2	3-85	
1	EX	AMINER'S	NAME Donn	G F C	th Mr		1	11 Donn	C+ Do	1+0	ма эт	201	
	-			is F. Smy	CII, M.L		ADDRESS	11 Penn	St., Ba	100.,	Ma. 21	201	
			TION, REMOVAL 2	Jb DATE			RY OR CREMATOR		OCATION YOR TOWN	- 4	COUNTY	STATE	
		INIA		9/29/83	4.	たらひり	usmens		ALFU "	2 2	-122/		
24	FUN	ERAL DIREC	TOR	Ampsodre	TEZA	. Inva	1-5 7 250	DATE REC'D. B	Y REGISTRAR 2	IL REGISTRA	AR'S SIGNATURE	de B2	
1	A.	Land	and in	in way -	V8 7 /	. ,		SEP	TY WILLY	1 100	minter and		

1001255 7: 32-15 6 Got many 147. 20 and answered to some of standard to THURSDAY BELLEVIEW Land also received The same to proceed and Burger sty in ducation of harmy 49 and 27 The section of the file of the section

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	D	EPARTMENT OF H	EALTH AND MENT		NE 👸 💆	2 5	3	/ ~1		
	DECEASED NAME FIRST	WIDDLE	T.	AST	2		NONTH DAY	YEAR	26 HOUR		
	(TYPE OR PRINT)  GERT	RUDE ELIZA	סביתו	MUTCH			9 30	85	1055 pm		
3	, SEX	4. RACE	5. DATE O		6.	AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS		
	FEMALE	TATE TOTAL	MONTH		EAR	60	MONI	HS DATS	HOURS MIN.		
1	a. BIRTHPLACE LISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	10 UNTRY? 8		.5	69 BALTIMORE CITY OF	COUNTY OF	DEATH 4			
4	COUNTRY)		MARRIE	NEVER MARK	IED 🖳	P 11.		Cita			
4	Maryland  O. CITY OR TOWN OF DEATH	U.S.A.	NURSING HOME O			2a USUAL OCCUPATION	nore	2h KIND OF	BUSINESS OR		
7	RIII	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	1.1 =		TYPE OF WORK FOR MOST OF		NDUSTRY	905111250 011		
4	DOLL TIMORE (IF AURSING HOME	Wyman Pa	rk Hea	1th Sys	tem	Homemaker					
	130 STATE 136 COL		OR TOWN	134. INSIDE CITY L	MITS?	e.STREET ADDRESS /	ZIP CODE				
4	Maryland —	Balt	imore	YES NO			ness Ave	enue	21230_		
114	4 FATHER'S NAME	MIDDLE	LAS7	15. MOTHER'S MA	IDENNAME	MIDDLE		LAST			
	U N	KNOWN		Carr	ie				Norton		
1	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT		ADDRE	SS				
	NO NO		214-18-1829			Dorothy E. Anderson 1607 Inverness Ave. 2123					
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	cause (a), stating the DUFTO OR AS A CONSEQUENCE OF									
	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORME		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES				
	00.000.000.000.000.00		TH DAY YEAR	21c. HOW INJURY	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)						
	OR CONTRIBUTING CASE OF E	21e. PLACE OF INJURY		211 LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE		
1	saw the deceased olive o	22a. I certify that (I) (this haspital) attended the deceased from									
	22b. SIGNATURE	7		DEGREE 22c. DATE SIGNED					IGNED		
	1 sett 1	origer,	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 9/30/85								
	THE PHYSICIAN'S NAME (TYPE	OR PR		22e ADDRESS	1100		-				
1	Scott Te	uger, MD		3/00		man Park	Dr	Bul	timore /11		
2	(SPECIFY) Dance of			EMETERY OR CREM		23d LOCATION	co	UNTY MO	aryland		
L	Burial	10/4/85	Loudon .	Park Ceme		Baltimore					
2	14 FUNERAL DIRECTOR		0100	^	250 DATE R	REC'D. BY REGISTRAR	Sb. REGISTRAR	SSIGNATU	RE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Julia Davidson-Rando 02

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

Isabelle Muth Meade 202 Rodgers Forge Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20L IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) \_\_, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Francis Scott Key Medical Center 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial COUNTY STATE 9-16-85 New Cathedral Baltimore City 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 35b. REGISTRAR'S SIGNATURE ADDRESS. Mitchell-Wiedefeld Home 6500 York Road 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO. .

2b. HOUR

12h KIND OF BUSINESS OR

Ellinger

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

None

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	atimirel.				
	favor:	, 1	25-19-1		
	I real		day	- I - 195 (195 f	

259198	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENS 5 2 REG. NO.	376
nay be page 3	1. DECEASED NAME FIRST (TYPE OR PRINT) EUGE	NE WILLIAM	MYERS	an orther of bertiff	1985 26 HOUR P
ge 4 ma	3. SEX. MALE	4. RACE BLACK	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
eoth. Po	BALTIMORE	U.S.A.	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CIT	
(1)3	BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR JOHNS HOPKIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME 136 STATE MARYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNTY 13: CITY ORTO BALTII		130 STREET ADDRESS / ZIP CODE 918 McDonogh	Street 21205
Bo	JOHN MYERS	MIDDLE LAST	15. MOTHER'S MAIDEN  KATŤĨE		LAST
The be secured within 24 ho years and considered fill in a gent. East blood 7 hould be the modified manimember	160 WAS DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 215 30	CHARTENE	MYERS 1213 N. 1	EDEN STREET
requires that the death con- en signed by the attending. I. The project emory call or to by and, the resisting y injury, or ather training.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost		OUENCE OF  O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	
The law cian. e has be en has be sit permit given e pri	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO YES	
ING PHYSICIAN: The low requir r attending physician. After this certificate has been sign as the burial-transit permit. They tith and Mental Hygiene prior to a acked ar Item 18 shows any injury	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE
END of the of th	snw the decensed alive of	pital) attended the deceased from 19 not) view the bady after death.	o' - Land	ian death occurred on the date and hour	9 65, that (I) (we) last and from the causes stated
TO HOSPITAL OR ATT	22d PHYSICIAN'S NAME TYPE	end-	22e ADDRESS	DIRECTOR PHYSICIAN	PASSIGNED 9/9/8/5
TO HOS retained TO FUN should be with the IMPORT	230. BURIAL, CREMATION, REMOVA	AL 1236 DATE 123	NAME OF CEMETERY OR CREMATO		imore
BP	BURIA_	9/14/85	t.Stephen CEMET	ERY BALTIMORE N	MARYLAND STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME WM. C. MARCH	F/H 1101 E.		SEP 1 3 1985	PAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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2	2	0	1	

FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 5 2 5 3 7 7
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
Opal	Irene	Myers	09-21-85 4:50 <sup>A</sup> <sub>M</sub>
1.56X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	2 13 06	79 YRS DATS HOURS MIN.
West Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City  MD.
Baltimore	Belair Conva	Lesarium	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife Homemaking
Maryland Bal	DRIOTHER INSTITUTION THE RESIDENCE BEFORE INTY 13t. CITY OR TOW	YES NOXIX	13e STREET ADDRESS / ZIP CODE 406 Shirley Manor Rd. 21136
FATHER'S NAME FIRST Willis	MIDDLE LAST Beall	15. MOTHER'S MAIDEN N. FIRST Doroth	y Nelson
(YES NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 220-01-		d 7813 Old Harford Rd. 21234
	DUE TO, OR AS A SOLUTION (c)	DEATH BUT NOT RELATED TO THE TER.	5/5 GEWERALIZED MINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
OR CONTRIBUTION C CAUSE OF DE		YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DI LIFETIMER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN COUNTY STATE
slove of Sex 300 do	it in ottended the deceased from 12	_85_, and that in (my)∑∑() apinion	to September, 4 85that (1) (%) lost a death accurred an the date and have and from the causes stated
275. SEGMATURE	un		MEDICAL STAFF DIRECTOR   PHYSICIAN
Luis River		27e ADDRESS	t AdamRd., Cockeysville. M
230 BURIAL, CREMATION, REMOVA	L 236 DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Lassahu Funeral Home (VRA 15, 4)

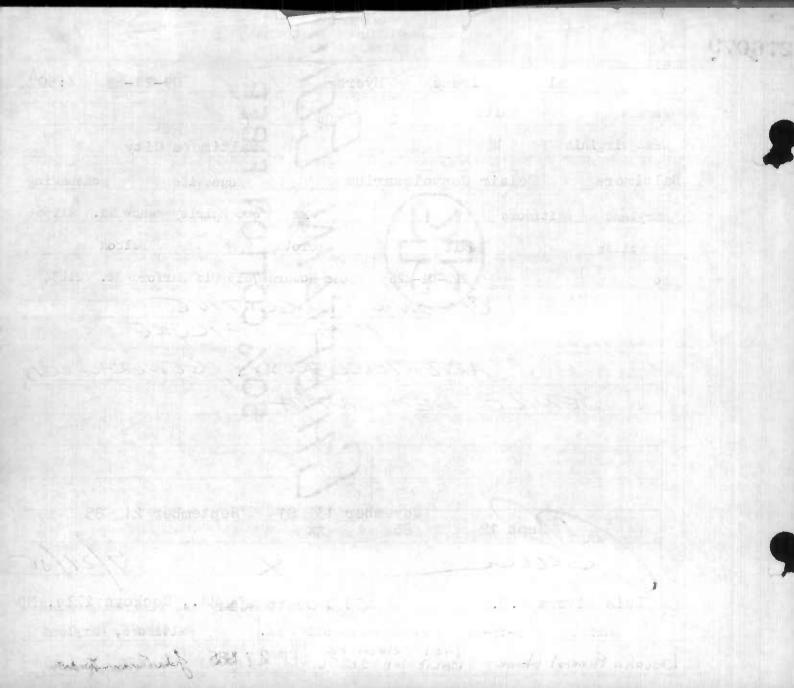
Burial

9-23-85

Moreland Memorial Pk. 7401 Belnie Rd. BALTO. MD. 21236

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 27 1985



7922 Wise Avenue, Dundalk, MD 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

(VRA 15, 4)

REGISTRAR

ACTION (SEE) SOUTH TO ANALYSIS ( and ) 30 to 10 the 10 th 246.29

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

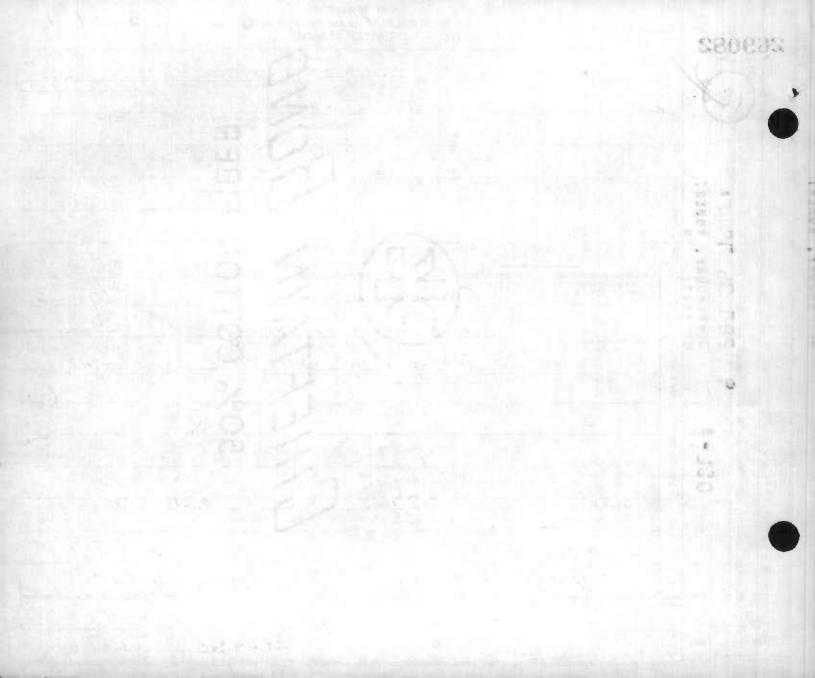
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	1.	FOR STATE			DEPARTA		EALTH AND MENTAL HY	SIENES S	2 3	0	
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST	٨	WIDDLE	t	AST	20. DATE OF DEATH		YEAR	2h HOUR
1	VI THE		ROBERT	CH	ARLES	NEFE	FERDORF ,Sr.	SEPTEMBER 2	21, 198	5	1:30 P
	3. SEX			4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		ale_		White		Augu		54	YRS	VINS. DATS	HOURS MIN.
7		RTHPLACE (STATE O	R FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		FDEATH	
2		aryland		U.S.A.		WIDOWE					MD.
9	10 CII	TY OR TOWN OF DE	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
4	100	ALTIMORE			OPKINS HO		AL	Inspector		Koppe	rs
5	13a S		Balt		13c CITY OR TOW Essex		13d INSIDE CITY LIMITS? YES NO 💢	1-A Eddysto		ce 21	221
5/	I FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
ŧ			UN	KN	OWN			UNK	NOWI		
5		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI			
7	NO				209-24-0	902	Stephen Neffe	erdorf 1210	)2 Frede		
11		18 CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), an	dic.i	1	/		BETWEEN	MATE INTERVAL DNSET AND DEATH
1		PART I. DEATH	IMMEDIATE		Carrie	opula	novary Apres	7		201	minutes
ë		0		DUE TO, OF	R AS A CONSEQUE	ENCE OF	1 101	4		211	,
8		Conditions, if an		(b)	Upper &	SASTO	intestinal Ble	eding		471	213
0		gove rise to in cause (a), stat	ing the	DUE TO, OF	R AS A CONSEQUE		1. 0. 1.	0		7.	
8	26	underlying caus	se last	(c)	poman	9 Bil	inny Circhosis	•		29	77
1	2	PART 2 OTHER SIG	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART I	>
-	CERTIFICATION	90 DATE OF OPER	ATION	TIPE CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	78a AUTOPSY?	20b. IF YES, V	VEDE EINIDIN	ICS LISED
4	FIC	THE DATE OF OPER	A11014	178 CONDI	TON TON WITHER	OFERATIO	IN WAS PERI ORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
2	ERT	210 ACCIDENT WAS U	NDERLYING	21b. TIME O	E IN IURY		21c HOW INJURY OCCUR	YES NO	YES [		NO 🗌
1	9 1	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA		THE WORK DECOM	KED TENIER NATURE OF INJU	KI MILEM TO PART	OKPART 2)	
Н	100	114 INJURY OCCU		P./		19	211 LOCATION		-		
	ME		WHILE [		PEET, FACTORY OFFICE F	ARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
-53	1	220 I certify that (		al) attended the	e deceased from	8/10/8	19 85		19	25	that ill (we) last
ā	1	sow the deced	sed alive on_	9/2/	19	A and	nd that in (my) (aur) opinian	death accurred on the d	ate and haur a		
4		226 SIGNATURE	(0.0)	New Ine body	one dedin.		DEGREE			220 DATE	SIGNED
		CU	word.	18			ATTENDING PHYSICIAN [	MEDICAL STA		1 9/2	21
	8	224. PHYSICIAN'S	NAME (TYPE OR	501C1	1-	. 0	22e ADDRESS	11 1.	11	7 0	7k   175
7	7	C.6	1178	K/Ct	1/ M	0	Johns	MINGOTT	1/0101	the	
	230 B	URIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	V .	OUNTY	STATE
	Bui	SPECIFY)		109-21-	25 Cr	oct Ta	oun Cometers	Marriotte	Trillo E	Pare 1701	Marrelan

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME 4107 WILKENS AVENUE 21229

- muldies . . . junicetic.



56060	1.	STATE REGISTRAR John L.	Neighbours	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3 3 3 3
deon X	(TYP)	CEASED NAME FIRST John	L. N	eigh bours	20 DATE OF DEATH MONTH	8 85 6:21pm
rector. p	3. SE	xla/e	white	5. DATE OF BIRTH	33 52 Y	MONTHS DAYS HOURS MIN.
unerol d		grainia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	D   15a/timore	A
11 43	10 C	Baltimore	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY GIVE STREET SCENETH	ADDRESS)	TYPE OF WORK FOR MOST OF WORKI	NG LIFE INDUSTRY AUTOMOBILE
	130	M.D.	11		STALBOTT	ST 21225
- Bu		John L.	Neighbou		AE B	Brooks
S. Propes			ved forces? 166 Social sections of the section (1993)		eighbours Sam	ne as 13e
physic on paper encodi event, th		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or O BY: E CAUSE (o)	cixoma of	the lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Mendon Menos		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF		
by the cose remind, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
Then ple to burio injury, or	N O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \to NO \to
intol-tronsi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEN	A 18 PART : OR PART 2)
s the bur	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	FARM, ETC.) 211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
for use of of Health		220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not	ol) ottended the deceased from_		pinion death occurred on the date and	hour and from the couses stated
AL Direction of the Country of the C	1	22b SIGNATURE	Traveds VIV	DEGREE ATTEND PHYSIC	DING MEDICAL STAFF JAN DIRECTOR PHYSICIAN	17 DATE SHINEY 85
POSTAN		ACCJQ	//	22e ADDRESS 3001	5. Handre S	ST 139/10 MG
15131		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 9/11/85 G.	NAME OF CEMETERY OR CREMA len Haven Mem Pa	tory Clene Burnie	covaty.A. Mde
- 16 60M 7/B4		uneral director eorge J. Gonce	4001 Ritchies	Igwy Balto Md	SED 1 0 1005	GISTRAR'S SIGNATURE

STATE OF MARYLAND

Walter Dabrowski - 1005 Dundalk Avenue 21224

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	28 1951 32	Daug.	
nore City	13165 x	.A.8.11	Abilitiv .
nol il'imi bo	wide.	rains hed .n.g.	rould be
agree aves   soak, Md.		and the cross of the control of the cross of	
201112	Josephina	noslak sas-	Floraus
	es. Detetin lester	M. MAN-05-511 KE/A - 35-50-6404 N	Yes

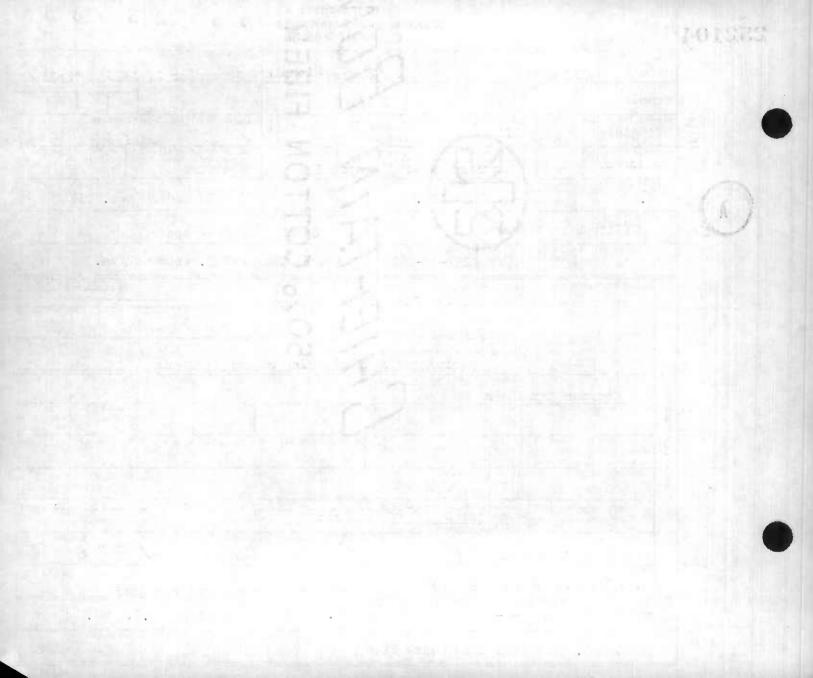
5555 Twin Knolls Road, Columbia, Maryland 21045 CFP

DHMH - 16 60M 7/84

(VRA 15. 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

04	1-	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTAL HY	GIEND D	2 3	3 0	3
		CEASED NAME	FIRST		WIDDLE	- 1	N. L. T		MONTH DAY	YEAR 2	h HOUR
			izabe				nmers Nichols	Depende			7:35 AM
	Fe	male	3.5	Black		5. DATE C	/1900 YEAR	6. AGE (IN YEARS LAST BIR	MON		HOURS MIN.
23		RTHPLACE ISTATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF	more C	itu MD
18		TY OR TOWN OF DEA	(TH	(IF NOT IN SUI	HOSPITAL, NUR CHFACILITY, GIVE STA Land Ger	SING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OR Retired	ION		BUSINESS OR
34		AL RESIDENCE IN NURS LATE d.	ING HOME OR	OTHER INSTITUTION		FORE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 827 Edmor	ZIP CODE AV	ze. 212	217
m	14 FA	THER'S NAME Williams	A	nderson	LAST		15 MOTHER'S MAIDEN N. Sarah	Anderso	on	LAST	
1	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	217-09		Mildred Tu	tt 628 N. Fi	-00	lve.	
de la compare event.		PART I. DEATH W  Canditions, if ony, gave rise to imm cause (a), statin underlying couse	which nediote g the	D BY. E CAUSE (a) (b) (b) DUE TO, O	Cardiac Or as a consec Pneumoni Or as a consec	Arrhytl QUENCE OF A QUENCE OF	0 0			BEIWEEN ON	ATE INTERVAL ISET AND DEATH
	7						al bleeding a			IN PART Ira	
	Ó	Ovaria	in Car	cinoma							
2	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
9		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A	OF INJURY M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJL	RY IN ITEM 18 PART	OR PART 2)	
	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY	CE FARM, ETC )	ZII LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
em 21 ts Bru		sow the decease abave XII (we) (d	(this haspited alive on hid) <b>XIXIX</b>	al) attended the Septemic View the bady	ber 1 y after death.	m <u>June</u> 2 85 . an	d that in XXX (aur) opiniar		ber 1 19 ate and have an	85, the	uses stated
Z -		27d. PHYSICIAN'S NA	AME ITYPE O		MO		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF CIAN (D)	1/1/85	
W J		Jhom	ras f	Gane	y MO		c/o Maryla	nd General	Hospita	1	
	230 E	urial, cremation, urial	REMOVAL	9-5-85	2	Arbutus	Mem. Park	APPULTS	B.C.	∘ bMч∘	STATE
7/B4		Charles A.	Rice	FSPA 1	1300 Eut	aw Pl,	25a. 9A	TE REC'D BY REGISTRAE	7 30 100	RIS SIGNATUR	



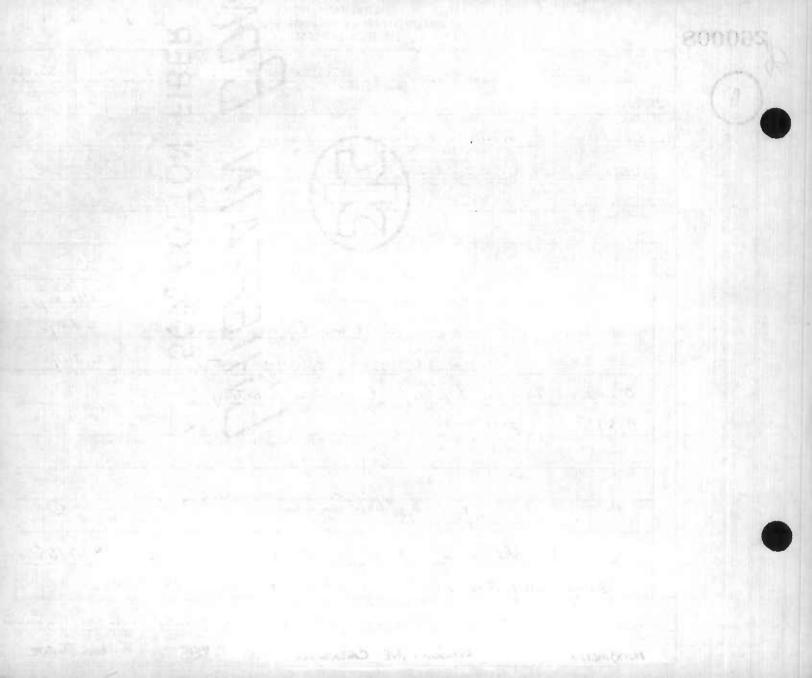
STATE OF MARYLAND **CERTIFICATE OF DEATH** 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 DEC	CEASED NAME FIRST		WIDOLE		LAST	20 DATE OF DEA	TH MONTH	DAY	YEAR	26 HOL	IR
		OR PRINT) MILDRE		r		NICHOLS		7,1985				0:3QA
	3. SE X		4. RACE	LJ e	S. DATE O	OF BIRTH	6. AGE (IN YEARS I		IF UNDE	RIYEAR	IF UNDER	741
6		EMALE	WHITE		JUNI		66	YRS	2H1MON.	DAYS	HOURS	MIN.
3		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	TY OF DE	ATH		
2	MA	RYLAND	U.S.A		WIDOW	ED DIVORCED		TIMORE C				MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCC			KIND C	F BUSIN	ESS OR
7	_E	BALTIMORE	JOH	NS HOPKI	NS HOS	PITAL	WAITRESS				URAN	1T
5	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUP NNSYLVANIA		GIVE RESIDENCE BEFO	re admission) NN CK	13d. INSIDE CITY LIMITS?	Route 1			782	99	9
1	14 FA	THER'S NAME	MIDDLE	1281		15. MOTHER'S MAIDEN NA			1.81			
0	EA		MIDDLE	HYLE		BERTHA	MIL	DUE		EYR	NG	
つ	160 W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT	/	ADDRESS				1
5	NO		VE WAR OR DATES)	220-03-4	148	ROBIN LURZ !	5105 ANTH	ONY AVE	NUE	212	206	
		18 CAUSE OF DEATH (Enter or	nly one couse pe	line for (a), (b), a	nd (c).1					APPROX	MATE INTE	RVAL
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	me tulot		wusin				11	2 de	13
		IMMED IN		R AS A CONSEOL	IENICE OF						,	
		Conditions, if any, which	(b)	necrotic	Sma	el bruel / a	scending	Colon		2	day	3
		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEOL	IENICE OF		/	-25K				-1
		underlying couse last	( Ic)_	outrued		in muniter	i arter	1		20	Lecy ?	
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR			PART III	)	
	CERTIFICATION	Crescendo o	ingina	/ Sign	frut	cornery	artery.	stervis				
41	CAT	190 DATE OF OPERATION		4	OPERATIO	N WAS PERFORMED /	200 AUTOPSY		ES, WERE			
10	F	9/6/85	peri	mins			YES NO		YES 🗍	LAUSES	NO [	_
1	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME C	FINJURY M. MONTH [	AV YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM 18	PARTI OR	PART 2)		
7	SAL	OR CONTRIBUTING CAUSE OF DE.	NID.	M.	19							
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	F. D. F. F. C. S.	21f. LOCATION	CIT	Y OR TOWN	co	unty		STATE
	\$	AT WORK NOT WHILE AT WORK	[AT HOME SI	REET, FACTORY, OFFICE,	PARM, ETC.)			1 -				
		22a.l certify that (1) (this hosp	ital) attended th			105 19	, to	7/65	, 19		that (I)	we) lost
		saw the deceased alive an abave, (D(we) (drd) drid no		7/7 19_	85 . 0	nd that in (my) (our) opinion	death accurred an	the date and he	our and fi	om the	causes st	ated
	100	22b. SIGNATURE	, view life body	Oner deam.		DEGREE			22	c. DATE	SIGNED	
		dohn E.	Meil	il	M).	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF	1	9/	7/8	5
1		276 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				-		
		JOHN 1	NET UM	w.		JOHN 8 16	PKINS	Hosf	THE			
		URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		, , , , , ,			
		JRIAL	09-10-	·85 GI	EN HAV	VEN MEM. PARK	GLEN BU	RNIE,	A.A.	14	MAI	RYLANI

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL
24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE



(VRA 15, 4)

		108			EDADT			ARYLAND AND MENTAL	HVCIENI	e - 0		8 /	5
263169	1-	SECUSTOAD						ERTIFICATE	1	the Ga	2 3	0	
/	LOE	EASED NAME	FWSF		WIDDIE			LAST		REG		DAY YEAR	2h HOUR
3000	(1)8	COLUMN TO	JIN		KC	OK		NO		OF ESTI-	X	0 7 10	
HO TO HE	3, 5E2	4. RA	CB 5.0	DATE OF BIRTH	110	6 AGE (IN YEA		DER I YR. IF UND		2c. DATE	9-13-	85 19 YEAR	R 2d HOUR
PIR. POUR COURT	1	MALE KO	BEAN !	NOV 19	1831	SAST BIRTHDA		S DAYS HOURS	MIN.	PRONOUNCED DEAD	9-13-	85 19	6:45R
一 のまずまは	BI FO	RTHPLACE (STATE OF	? 7b.	CITIZEN OF WH	AT COUN	TRY?	8. MARRII	D NEVER MA	RRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
1 2 2 Z	1	KOREA		KOR	EA		WIDOW	ED DIVO	RCED	Baltimore			WE
(1)	10 CI	TY OR TOWN OF D		NAME OF HOSE	ILITY, GIVE S	REET ADDRESS)		R INSTITUTION	120. USU FOR M	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK 12h	OR INDUS	SUSINESS
Contract of the		ltimore	/ U	niversi	ty Ho	spital	STU			OST OF WORKING LIFE)			
8 29520	13a S	L RESIDENCE (IF IN)	TEL COUNTY	TER INSTITUTION, GIV	13c. CIJY	ORTOWN		13d. INSIDE CITY LIMITS		ET ADDRESS			1.75
-	10 5	THER'S NAME	IMALI	0,	E	SSEX		YES NO		O HIGH	VILLA R	D. 2	1771
W 4-10000	1	FIRST		DDLE		LAST		15. MOTHER'S MA	NC	MIDDLE		LAST	
NO WAS A	160 V	AS DECEASED EVE	R IN U.S. ARMED		16b. SOC	IAL SECURITY	NO.	17 INFORMANT	70	ADDR	ESS		
APTE NEEP TEN	1	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	551	-61-	8164	OKKYO	20/6-	CHONG	5mm	L-	
S SOFT S		18 CAUSE OF DEA	ATH (Enter anly on	e cause per line	far (o), (b)		,, 0	0.01	7700	C// U/U	7 777	APPROXIMA	ATE INTERVAL
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트리 등 본 본 교		Canditians, if gave rise to		(b)									
		cause (o) statii		DUE TO, OR	AS A CON	SEQUENCE C	)F					m	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		BART & OTHER CHANGE		(c)									
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AA WAR		ACTUAL	V	77	/			TITLE (SPECIFY)			DATE	2 14 0	15
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TO MEDICAL EXAMILE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH 18 BALTIMORE, MARYDR		EXAMINER'S NAM (TYPE OR PRINT)	E Gree	gory R.	Kauf	fman, 1	1.D.	DDRESS 11	ll Penr	n Street			
TO M EXECL PAGE TO FU AFTER BALTH	23a.B	IDIAL CREMATION	, REMOVAL 23b. D	ATÉ	23c. N	IAME OF CEN		CREMATORY	23d. LOC	CATION			
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25M DHMH - 17	24 FI	MEKALDIKECTOK		ADDRESS			-	250. DAT	E REC'D. BY		EGISTRAR'S SIGN		
(VR A15 ME (5))		CONNEZO	-y FUN	ERAL H	OME	300 m	ACE ,	AUE SE	P 18	1985 Free	a dividice.	- Fibre but	.1_

CHESS ASMER HOLDER VESTA ASTROSPENSION REST where you is a source of the s Character Street Contract Cont

3137	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF HE	OF MARYI	MENTAL HY	GIENE &	S REG. NO	2	S	3	8 /	
. /		CEASED NAME FIRST		AIDDLE	LA				OF DEATH	MONTH	DAY		2b. HOUR	
10		ESTE		C.	NO	DRRIS			EMBER		19	_	5:28A	-
	I. SE		4 RACE		5. DATE OF	BIRTH	YEAR	6. AGE (III	YEARS LAST BIRT	HDAY)	WONTHS	PIYEAR	HOURS MI	_
		FEMALE	WHI	TE	DEC	. 8,	1908	76		YRS.				
OF		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER	MARRIED -	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH		
3		MARYLAND	U.S	S.A.	WIDOWED		IVORCED [	BA	LTIMO	RE C	TTY			MD
27/	10°C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		OTHER IN	STITUTION		OCCUPATION				BUSINESS	OR
147	2	BALTIMORE		SAMARI		HOSPT	TAT		EMAKE			USTRY HOM	F	
41.	USU	AL RESIDENCE (IE NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)								1239	
3	43	and the same of th	239	BALTIMO		YES X	NO	620	ADDRESS /	TIP COD	E VENI	RT.	VD.#4	ר
a l		THER'S NAME	~)/	DENTINO			S MAIDEN NA		1 100.	11 175	r A TOTA	עני	VD • #~	_
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loo /	16n V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECUI		17. INFORM			A .	SS		IVIU.	RPHI	_
edic		ES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)											
e a		NO -		218-14-		JOSEF	H J. N	ORRI	S FAL	LSTO	N.	MD	2104	7
7		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			- 4	1=					-8	ETWEEN	NSET AND DEAT	н
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to l			DUE TO, O	R AS A CONSEQUE	NCE OF	100				2		1		
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10		underlying cause last	(c)											_
4	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT N	OT RELATE	D TO THE TERM	AINAL DISEA	SE OR CONE	DITION GI	IVEN IN I	PART 10		
9	CERTIFICATION													
50	ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERF	ORMED	20a AU	IOPSY?				GS USED OF DEATH?	
1	RTIF							YES 🗍	NO		ES 🗌		NO 🗌	
0		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF D	216. TIME O	finjury M. month da	Y YEAR	21c. HOW 1	NJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
E 7	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19	COLUMN TO								
5/	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, EA	DAL ETC.	211 LOCAT		N	CITY OR TOV	VN	co	JNIY	STATE	
p p	2	WHILE NOT WHILE AT WORK	(A) HOME SIK	EET, FACTORY, OFFICE, EA	NAW EIC	JINE	100000						3	
2		220.1 certify that (1) (this has	outel) attended the	e deceased fram_				, ta	9		19	1 . 1	hat (I) (we) l	ast
21.0		saw the deceased alive a above, (1) (wa) (did) (did)	n	19 f	, and	that in (my	) (eu) apinian	death accur	red an the da	te and ha	ui and ti		-	
		22b. SIGNATURE	The body	oller death	D	EGREE					22	. DATES	IGNED	
1		>n - 1	1 Archa	11-			ATTENDING PHYSICIAN	MEDICA				0/1	8/8	-
X .		22d PHYS CIAN'S NAME (TYPE	OR PRINT)	9	7	22e ADDRE	-		r _ rni3lC	IAIN L.		40	/ / 9 3	-

6301 N.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.

JAMES H. BIDDISON, M.D.

230 BURIAL, CREMATION, REMOVAL BURIAL

236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN SEPT. 19, 85 NEW CATHEDRAL CEMETERY BALTIMORE, 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 256.

CHARLES

- musical - Mr. Krape

377-8882

CONTRACTOR OF THE PROPERTY OF Misselfine . Now how to an artist the many makes the Zu', Marie and

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE REGIST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending principlan and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please immore certaining ers. Pages fond 2 should be filed within 72 then the State Dept. of Health and Mental Hygiene prior to burial, cremating
IMBORTANT: If Item 21 is marked at Item 18 shows any injury, at other dumant and the medical examiner must be noulfied at any

	REGISTRAN					REG. NO.						
	DECEASED NAME FIRST	WIDDIE	L/	AST		20. DATE OF DEATH M	HINO	DAY	YEAR	26 HOU	R	
L	SALLY	KAY	NOR	RIS		9	)	11	85		7A7	
3	. SEX	4 RACE	5. DATE O			6 AGE (IN YEARS LAST BIRTH	MONTHS	FUNDER 1 YEAR IF UNDER 2				
	FEMALE	Manage	MONTH 8	5 DAY	29	56	YRS.	MONTHS	DAYS	HOURS	MIN.	
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	XXNEVER !		9 BALTIMORE CITY OR		Y OF DE	ATH			
	N.Carolina	U. S. A.	WIDOWE		VORCED T	Baltimore C	itv				MD.	
T	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R OTHER INS	TITUTION	12a USUAL OCCUPATIO	N			F BUSINE		
	Balto.	St. Agnes Hos				Housewife	WORKING L	GLIFE) INDUSTRY				
a de	JUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)					- Pal	+0	Md		
1	3a STATE 13b COU	Balto	OWN	13d INSIDE C	NO	13e.STREET ADDRESS / 263 McCurle			4.4	21229		
14	4 FATHER'S NAME			4625	S MAIDEN NAM		A SI	/ 0	#	2166	2	
	FIRST	Fd was	nd a	D	osie	MIDDLE		Uc	ust			
I	Norman 60 WAS DECEASED EVER IN U.S. AI			17 INFORMA		McCurleyost	S _	Balt	-			
	(YES, NO OR UNKNOWN) (IF YES GI	1/2 WAR OR DATES) 413-50-	.7031	Tamos	E. Norr		• -		<sup>4</sup> 212			
F	In annua anasana			James	P. NOII.	12				MATE INTER	VAI	
1	PART I. DEATH WAS CAUSI	inly one cause per line for (a), (b), ED BY:				p 1.		В	ETWEEN	INSET AND	DEATH	
٦	IMMEDIA	TE CAUSE (0)	pur	mono	1	2 alma		-				
1		DUE TO, OR AS A CONSEC	QUENTE OF	act	W.	cardial in	1.					
y	Conditions, if ony, which gove rise to immediate	(p) brown	My	ietuce.	1740	caraial in	you	Clion	7			
1	cause (a), stating the underlying cause lost	cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF										
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G											
		-1 1-		eviou		0 1.1	1 /	1	L'ARI III			
-	190 DATE OF OPERATION	196 CONDITION FOR WHI				200 AUTOPSY?	206 IF YE		FINDIN	GS USED		
	Presention  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING						IN CERTI	IFYING C	AUSES	OF DEATH	H?	
-	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		71r HOW IN	HILIRY OCCUPE	YES NO		ES	DART 21	NO [		
		HOUR A.M. MONTH			JOK! OCCORN	LEMIER MATORE OF IMJORT	ind lich ib	PART TOR	rant 2)			
	QUE CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M.	19	21f LOCATIO	201						1000	
	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFI	CE, FARM ETC)	STREET		CITY OR TOWN	N	COL	UNTY	51	TATE	
ı	AT WORK AT WORK		010		Ne	0.1		-				
	220 I certify that (I) (this hasp saw the deceased alive or	oital) attended the deceased from	411	d that is touch	_, 19_85_	_, 10 9 11	11	19	_	that (I) (w		
	obove, (l) (we) (did) (did no	of view the body after death.		DEGREE	(our) opinion o	death occurred on the date	e and ha				ted	
	276 SIGNATURE	ATTENDING	MEDICAL STAFF		220	c. DATE	SIGNED	100				
	~ '	وا اال			PHYSICIAN [	DIRECTOR PHYSICIA		b	_ ~	111	107	
1	22d. PHYSICIAN'S NAME (TYPE	. 0		22e ADDRES	4000	: HASIN'	+ce	X		/		
L	Marat	Y. Girgis		01	rigro	o hoph	100					
2	30. BURIAL, CREMATION, REMOVAL		3c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNT	l Y	51	ATE	
L	Burial	9-14-85 C	restlaw	n Ceme			Howa	ard		Mo	d.	
2	FUNERAL DIRECTOR	WAB SISI	BALTO	. NAT	25a. DATE	REC'D. BY REGISTRAR 25	b. REGIS	TRAR'S	IGN all	URE AG	molet	
L	and and see	PIKE	. # 2	1229		SEP 1 0 19B	0					

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instruction that who will be		Carriaga (A	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 274135 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH I. DECEASED NAME 2b. HOUR [TYPE OR PRINT] Sept. 18 1985 EDWIN NOTTAGE 7:08 M NMI 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY VF AR BLACK MALE 1957 JULY 10 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY 115/2 MZMYZMA USA Butimore city WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION ME CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY NONE BALTIMUNE OF MARYLAND AUSDITHL INVALIA ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION! NUISING ROME 13a STATE 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDERITY LIMITS? MD OWINGS MILLS BAUMURE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST WINTERS CHARLOTT NOTTAGE ED WAND 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES GIVE Y AR OR DATES) BOX115 Be/Alton Md. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to , tb , and to PART I. DEATH WAS CAUSED BY: scule onset IMMEDIATE CAUSE (0) Aldominul distention sowel obstruction. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ 19\_\_\_\_\_\_, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

d b PORT 23a BURIAL, CREMATION, REMOVAL

276 SIGNAM

22e ADDRESS

ATTENDING

MEDICAL

STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Lavahlin

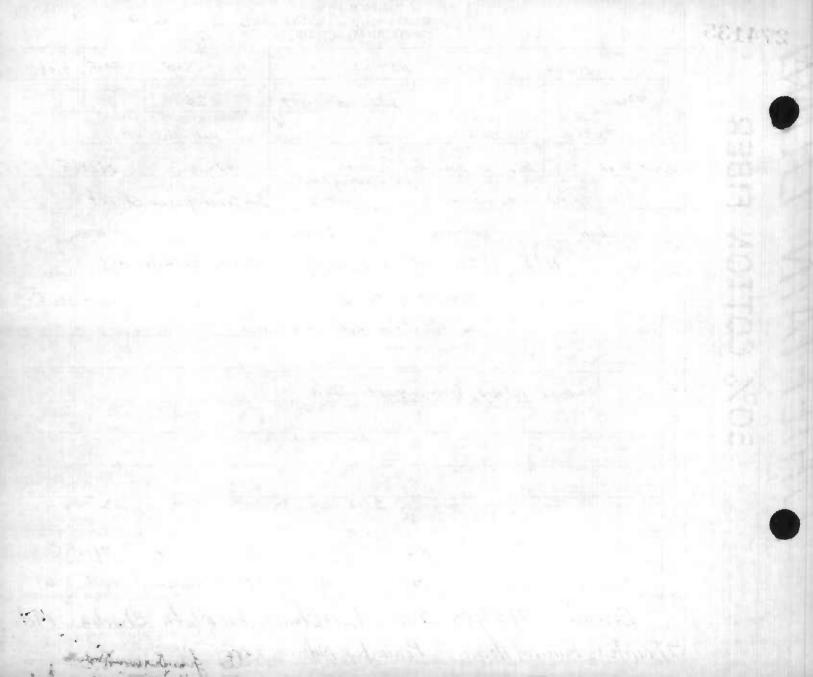
U: Mary and Herp., 22 5 Green St., Boltime Re

DHMH - 16 60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR

DEGREE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	1	FOR		Dr	DADTMEN		OF MARYLAND	VCIENT Q	×	9	5 3	90		
	1.	STATE REGISTRAR		DE			EALTH AND MENTAL H ICATE OF DEATH	I GIENE O	9	10		100		
9032		CEASED NAME FI	rst .	WIDDLE	N	W	DUER	20. DAT	REG. I		1985	2h HOUR 3 (		
De la	3 SE	x ALE	4 RACE WHIT	E.			• F BIRTH . 4,1913 YEAR	6 AGE	71		FUNDER I YEAR	HOURS MIN.		
9	4	IRTHPLACE (STATE OR FORE COUNTRY) AND		76 CITIZEN OF WHAT COUNTRY						9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
10	10 C	ITY OR TOWN OF DEATH BALTIMORE	LEV	INDALE		OME C	R OTHER INSTITUTION		VAL OCCUPA WORK FOR MOST VER	TION OF WORKING LIFE	12b. KIND C INDUSTRY GRO	DF BUSINESS OR		
1 36	M	ARYLAND	HOME OR OTHER INSTITUT	OTHER INSTITUTION GIVE RESIDENCE BEFORE A NTY 13c CITY OR TOWN BALTIMOR		N 113d INSIDE CITY LIMITS?		301	3011 FALLSTAFF MANOR CT. AI					
A	14. F	PESACH	MIDDLE		NUDLE		15. MOTHER'S MAIDEN I		MIDDLE	SC	CHTEPPÊ	R		
Poges		WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (II	J.S. ARMED FORCES YES, GIVE WAR OR DATES	1	32-835		Mrs. Paula	Nud1e:	r 3011	Fallst	(21 taff Ma	209) nor Ct.		
physicic inpopers emoval.		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse CAUSED BY: MEDIATE CAUSE (o)	11.4	(b) optic	10	N WI	1/	wer			ONSET AND DEATH		
signed by the ottendin hen please remove cark to buriol, cremation. ar ijury, ar other traumatic	NO		ote the DUE TO	OR AS A COM	nsequenc	E OF	NOT RELATED TO THE TE	CS RMINAL DIS	EASE OR CO	ndition give	EN IN PART 11	0		
t permit Trene prior	CERTIFICATION	190 DATE OF OPERATION	19b CO	NDITION FOR	OITION FOR WHICH OPERATION WAS PERFORMED				NO NO	IN CERTIFY	, WERE FINDI			
ertificate rial-transintol Hyg		21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	E OF INJURY A.M. MONT P.M.	TH DAY	YEAR 19	21¢ HOW INJURY OCC	URRED (ENTI	ER NATURE OF IN	URY IN ITEM IB PA	ART I OR PART 2)			
ter this of the bund We hand Me	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  AT WORK	LAT HOME	CE OF INJURY STREET, FACTORY,	OFFICE FARM	ETC)	211 LOCATION STREET	_	CITY OR I	OWN	COUNTY	STATE		
CTOR. Af for use o af Heoltl		22a I certify that (I) (this sow the deceased a above, (I) (we) (did)	live on 9	121	19.85		nd that in (my) (our) opini	5 to_	g/	dote and hour	ond from the	that (I) (we) last couses stated		
RAL DIRE		226 SIGNATURE	1 m	N	ry	n	/	MEDIC	CAL ST.	AFF ICIAN []	221. DATE	21-85		
should be d with the Sto		27d. PHYSICIAN'S	2AW	-612	my	2	LEVINDA,	le Ge	NA)	SUZC	m2	ACTO		
F 9 8 5		BURIAL, CREMATION, REA	9/22				EMETERY OR CREMATOR	R			BALTO.			
- 16 60M 7/84 RA 15, 4)	24 F	ONERAL DIRECTOR S	OL LEVINS	SON & BI BALTIN	ROS. MORE, M	1D. (		PATESEP	BZ8641519	REGISTI	B) Was False	WRE/fandelle		

DHMH - 16 60M 7/84 (VRA 15, 4)

SEARING New Price Part of the Committee of the C AND THE PARTY OF T 3EP & 4 1985

. MARYLAND 21201	
BALTIMORE	
W. PRESTON ST., BALTIMORE, N	
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DIVISION OF VITAL RECORDS, 20	

	1.	FOR STATE		DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		2 5 3	9
098		REGISTRAR CEASED NAME FIRST		MIDDLE		LAST	REG. NO		26 HOUR
deoth deoth	1		zaheth		Nn	11	September	28 1085	17
90	3. SE	X	4 RACE		S. DATE	OF BIRTH	6 AGE TIN YEARS LAST BIR	THOAY) IF UNDER I YEAR	IF UNDER 2
urs aft		Female		ite	May	20, 1909	76	YRS	HOURS
72 hore.	/a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		SA	MARRIE	DIVORCED	City	R COUNTY OF DEATH	
The fur I within	10 C	ITY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		BUSINES
the second		altimore		York Road			Housewife		
135	13a S	AL RESIDENCE (IF NURSING HOME) TATE  136 C	LE OR OTHER INSTITUTION DUNTY	Baltimo	'N	13d INSIDE CITY LIMITS? YES W NO	13e STREET ADDRESS / 5220 Yor		
0-11	14. FA	ATHER'S NAME	76	Dartino	re	15. MOTHER'S MAIDEN NA	ME 3220 101	K 111. 21212	
120		FIRST	WIDDLE	LAST		FIRST	MIDDLE	ŁAST	
		William WAS DECEASED EVER IN U.S.		tine 166 SOCIAL SECU	IDITY NO	Loda 17 INFORMANT	ADDRE	Harchelrode	_
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d by the attending physic ease remove carbanpape al, cremation, or removal or ather traumatic event, t		18 CAUSE OF DEATH. Enter on PART I. DEATH WAS CAUSEI IMMEDIAT  Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause lost.	ly one couse per line for (g), (D) BY:  E CAUSE (o)  DUE TO, OR AS A CON:  (b)  DUE TO, OR AS A CON:	SEQUEN	ICE OF	STROKE			BETWEEN	MATE INTERVAL PASSET, AND DEATH
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ECTOR. A ed for use of the officer o		27s.1 certify that III whis hospit says the decrease give on moore, III well (5-d) distinct 77h SIGNATURE	attended the deceased to	1985		d that in (my) (propinion d	eath accurred on the do	ite and havi	and from the	
ERAL DIR Sedetache State Dep ANT. If he		22d PHYSIGHAN'S NAME (1YES	I Jones		,	V	MEDICAL STAF	IAN	9/5	185
TO FUN should be with the IMPORT	22- 0	Kichard	T. Jones <sub>RIC</sub>	HAF	RD JO	CHUI	CH HOSPIT			21231 FO.MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

23h DATE 9/9/85

230 BURIAL, CREMATION, REMOVAL ISPECIF Burial

Loudon Park

Baltimore, Maryland

250 DATE RECED BY REGISTRAP 356 REGISTRAP'S SIGNATURE And SE

FOR - STATE

	9	50
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Petenned by the haspital ar aftending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages ), and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR						CALL OF		REG. N	10.			. 4	
Care E		CEASED NAME	FIRST	,	WIDDLE		LA	IST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
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f	3. SEX			4 RACE	7-	5.	DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAST B	RTHDAY)		DER I YEAR	IF UNDER :	24 HRS MIN,
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17		RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUN	TRY? 8	MARRIED	X7 NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF D	EATH	1177	
/	F	RUSSIA		U.S.	Α.		VIDOWE		VORCED	BALTIMORE	CITY				MD.
	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NU			R OTHER INS	TITUTION	128 USUAL OCCUPAT			. KIND O	F BUSINE	SS OR
0	-	ALTIMORE	1	2707 ST	. PAUL	STF	REET		West B	LABORER			FACT	ORY	
3	13a S	AL RESIDENCE (IF NURS	13b. COUN		13c CITY OR	TOWN		13d INSIDE C	arms.	13e STREET ADDRESS				1010	
_	_	ARYLAND ATHER'S NAME			BALTIM	TUKE		YES X	S MAIDEN NA	2707 ST. F	AUL S	IKE	ET 2	1218	
1	19 FA	FIRST		AIDDLE	LAS'			13 MOTHER	FIRST	MIDDLE			LAS	T	
-	14. 1	ALEXAND VAS DECEASED EVER			BATURON 166. SOCIAL		V.10	13 015000		NOWN	FFF				
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н	Z	AT WORK NOT WE		(AT HOME, STR	EET, FACTORY, OF	FFICE, FARM	(LEIC)	SIRECI	201	20 1.	2 0	0	)		AIC
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Н		sow the deceas		view the body	W Do	19_8	5 on	d that it (my)	(our) opinion	teath occurred on the	ote and ho	ur and f	from the	couses sta	ted
		22b. SIGNATURE	1 1 1 0	110	100	4.1.1	<b>A</b> D	EGREE		1		2	2c DATE	SIGNED	
Н		( N	w	NUN	WC	211	W	MY	PHYSICIAN	MEDICAL STA			Sent	-38	5 -
		22d PHYSICIAN'S N						22e ADDRES	S						
		Henry	Arma	has	M.D.			19	34 Wil	kens Aver	ue,	Bal	tim	ore,	Md
	23a B	SURIAL, CREMATION,	REMOVAL	23b DATE		23c NAA	AE OF CE	METERY OR	CREMATORY	23d. LOCATION					
		BURIAL		9/5/19	85	ST.	ANDR	REWS CE	METERY	BALTIMOR	F MAR	1000 1Δ (V		51	ATE
	24. FU	UNERAL DIRECTOR		71	IIO REI					E REC'D. BY REGISTRA	25b. REGIS	TRAR'S	SIGNAT	URE	

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BALTIMORE MARYLAND 21206

DHMH - 16 60M 7/84 (VRA 15, 4)

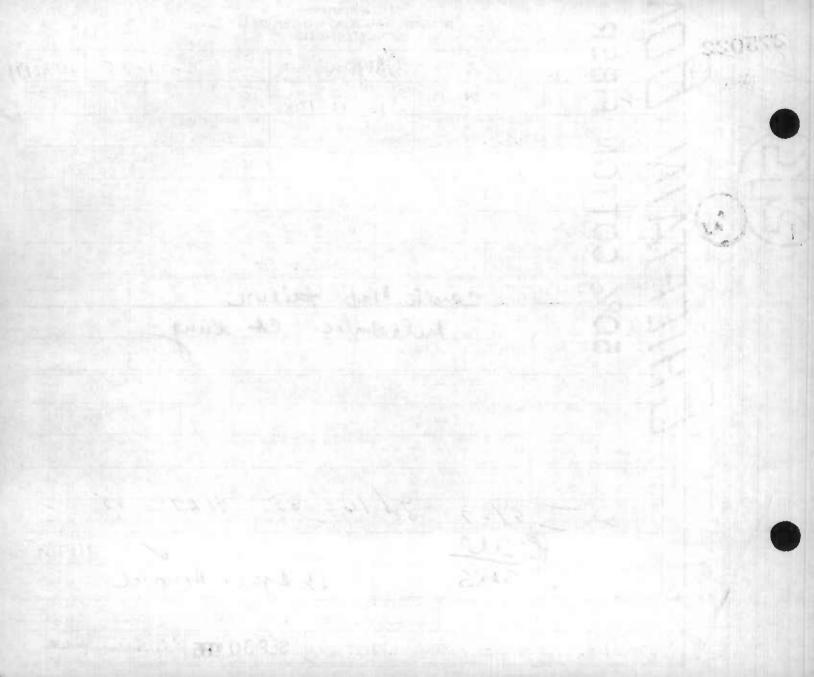
DIPPEL FUNERAL HOMES

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IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the

isters in wanted interesting to the stand 4

5022	1-	FOR STATE REGISTRAR Evelyn 1	K. O'Bryan	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	2 5 3	9 4
A Special A		CEASED NAME FIRST OR PRINT! & Vely N	MIDDLE K	08	ryan	20. DATE OF DEATH MONTH	7-85	12' 40,P1
ector. po	3. SE)	F 0	4 RACE	5. DATE C	CONTRACTOR OF THE PARTY OF THE	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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filed with	Bo	ltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A St. Agnes Hospit	al	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) 126. KIND ( INDUSTRY  Good	
be be	Mo	RESIDENCE (IF NURSING HOME O TATE 136 COU Cryland Cit		1	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 206 Oaklee Vil	ope Lage 212	29
(4)	Sa.	THER'S NAME uis Kisner	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	LA	AST
Poges medic			IVE WAR OR DATES)	RITY NO.	Vincent J. 0'	Bryan ADDRESS	f-14-14	
in signed by the attending pt Then please remove corbang r to burial, crematian, ar remi injury, ar ather traumatic eve	NOI	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.	only one couse per line for (o), (b), and ED BY:  DUE TO, OR AS A CONSEQUEI  (c)  CONDITIONS CONTRIBUTING TO D	NOE OF	NOT RELATED TO THE TERMI	A Lung	GIVEN IN PART 1	lo lo
icate has bee ronsit permit. Hygiene prio 18 shaws ony	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		OPERATIO Y YEAR			YES, WERE FINDE RTIFYING CAUSE YES	
OK After this certification of the buriol-trial-trial file of the more of them it is marked or the m	MEDICAL	saw the deceased alive a	P.M.  21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FA	19  RM, ETC)	211 LOCATION STREET  19 Sond that in (my) Local apinion of	city or town	COUNTY	STATE  , that (I) (we)last e causes stated
FUNERAL DIRECT old be detoched for the Store Dept of the Store Dep		above, 4Ti (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1YPE	OR PRINT)		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	220 DATE	FIGNED 18
O 8 2 8	23a B	URIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY idge Mem Pk.	23d LOCATION DONSEY	Howard	
I - 16 60M 7/84 VRA 15, 4)	24 FL	NERAL DIRECTOR	18 Sulphur Spring		25a. DATE	P30 1985 Auhi	GISTRAR'S SIGNA	TURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 11201	200	After this certificate has been signed by the offending physician and completely filled in Enthe funcion director, pages on 2 should be filled within 22 agreement of the please remove carbanapers. Pages and 2 should be filled within 22 agreement of the please remove carbanapers.
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land .	IDING PHYSICIAN: The low requires that the death certificate be executed within 2 terms of the least frame 4 terms or attending physician.	After this certificate has been signed by the attending physician and completely filled in the funding director pages so so the busial-tonssi permit. Then please remove carbandapers. Pages, and 2 should be filed within 72 four the death.

194	1-	FOR STATE REGISTRAR	· Barre	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 0 7 .
1	(14PE	CEASED NAME PIRST REGIN	<u> </u>	C.	C) C	ounor	20. DATE OF DEATH MONTH  SPH.  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOU 985 5 1
alle co	3 SE)	Female	4. RACE	ite	MONTH			MONTHS DAYS HOURS
35		RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF	·A.	? 8 MARRIE WIDOWE	D NEVER MARRIED X	Baltimore C	
ited with	10 C1	Baltimore	(IF NOT IN SU	HOSPITAL, NURS ICH FACILITY GIVE STREE PROPERTY HOSP	ET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN)  Ret. Clerk	12b. KIND OF BUSINE INDUSTRY  D.M.V.
and	73a S	AL RESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION	ISC CITY OR TO Baltim	WN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO 3009 Harview	
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Pages medical		VAS DECEASED EVER IN U.S. (ES NO OR UNKNOWN)   I IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 212-34-		James O'Con	nor 608 Notting	tham Rd. 2122
pnysical noval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY: IATE CAUSE (o)	er line for ioi, (b), o	ancin	ome ( Colo	rectal)	BETWEEN ONSET AND
signed by hen please o burial, cre jury, or othe	Z	couse (o), stating the underlying couse last  PART 2. OTHER SIGNIFICAN	(c)_			7 1.	AINAL DISEASE OR CONDITION	
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ial-tronsit ntal Hygin em 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH I	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
s the bur s and Me	MEDICAL	216 INJURY OCCURRED  WHITE NOT WHITE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY
far use of Health		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (idid) (did	The second secon			ad that in (my) (our) opinion	deoth occurred on the date and	, 19 55, that (I) (rehause steel)
detoched detoched lote Dept VT: If them		27% SIGNATURE	1.4	Lelohy		And the second s	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
should be den with the Store		E Van	5e	Isky m	1D	301 St. A		10 Md. 212
- 10 3 <u>≤</u>	230 B	URIAL, CREMATION, REMOV SPECIFY)  Burial	Sep 4			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore	COUNTY :
16 60M 7/B4 A 15, 4)	24. FL	INERAL DIRECTOR Leonard J. I				25a. DAT	EP 3 1985 July	

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		1	FOR			DEPARTMEN	T OF HEALT	H AND MENT	AL HYGIEN	E. 9	in the	9 /	)
2	60091	1-	STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICAT	E OF DEA	TH REG	NO.		
	300-1		CEASED NAM	E FIRST		MIDDLE	7 . 2	LAST		O. DATE KNOWN	MONTH	DAY YEAR	26. HOUR
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	REGIE	3 SE)	(	4 RACE	5. DATE OF BIRTH		GE (IN YEARS IF U	INDER 1 YR. IF U		2c. DATE		DAY YEAR	2d HOU
	ECESSARY, PLASE LICEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	Ee	emale	Black	7 DAY		15 YRS.	NTHS DAYS HOU	JRS MIN.	PRONOUNCED DE AD	9-10-	85	2:03
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-	女性を告め		3a]timo	no		ity Hosp			FOR A	OST OF WORKING LIFE)		OR INDUST	TRY
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NOR	20252		VAS DECEASE	DEVER IN U.S. AR		166 SOCIAL S	ECURITY NO.	17. INFORMANT		ADDR		1111	
E S	AFTE NGES SION	CA	ES, NO, OR UNKNI	OWN) (IF YES, GIVE	WAR OR DATES)	N.	/A	Charles	nalash	y 2118 T	uckon 1	200	
à	SHOP		18 CAUSE C	OF DEATH (Enter on	ly one couse per lin			TOTAL 163	- og iest	y 2118 11	ULKET L	APPROXIMA	TE INTERVAL
15	DE SERVICE SER		PARTID		D BY: TE CAUSE (0) GU			head				BETWEEN ONS	ET AND DEATH
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RECORDS,			PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	DUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVE	N IN PART 1 o				
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2	THE A	18	190 DATE OF	POPERATION	19b. COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED	?			20 AUTOPSY	1?
DIVISION OF VITAL	WORD "F	MEDICAL CERTIFICATION										YES XX	NO 🗆
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	NE STEEL		EXAMINER'S	NAME D	ennis F.	Solyth, M	4 D		11 Penn				
	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICAT POSE & SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BARTIMORE, MARYLAND		TYPE OR PR	INT)		SMY LII, I	1.0.	_ADDRESS	TT LEUM	Street			
	DANG DANG —	23o.B	PEMatic	TION, REMOVAL				OR CREMATORY	CITY	CATION	COUNTY		STATE
07/84 25M	BP				9/11/85	Gree	n Mount		Ba	ltimore			MD
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2		EASED NAME	FIRST		WIDDLE		AST	20. DATE KNO		1 DAY YEAR	26. HOL
ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. MITHIN 72 HOURS. PRESTON STREET,	,,,,,		Alexa	nder Jo	hn Ogrinz	z, Jr.		OF ES DEATH MA	TED - 9/		5
PLEASE FILES HOURS STREET	3 SEX	4. RAC	E	S. DATE OF BIRTH	YEAR LAST BIRTHD		DER 1 YR. IF UNDER	24 HRS. 70 DATE MIN PRONOUNCED	HINOM	DAY YEAR	24 HOL
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1		nen	una	Vu a	YV.		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN M	9/6/	85
1		228 PHYSICIAN'S	NAME (TYPE O	R PRINT)			BALTIMORE,		DWAV		
	-	IMPAGL:	IATELI	I. WAT	KER		BALTIMORE,	MARYLAND	DWAI	21231	
1	23e B	URIAL CREMATIO	N. REMOVAL	23b. DATE		IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1	- (	SPECIFY) Runis	7	0/10			un Cometenz	CITY OR TOWN	Po-	T T mon	STATE

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR (VRA 15, 4)

Zeiler Inc.

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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4		O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with 11.24 forms liter death. For	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely IIII the funeral discharded for use as the burial-transit permit. Then please remove carbonpapers Pages € and ₹ shown within 72 has	with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
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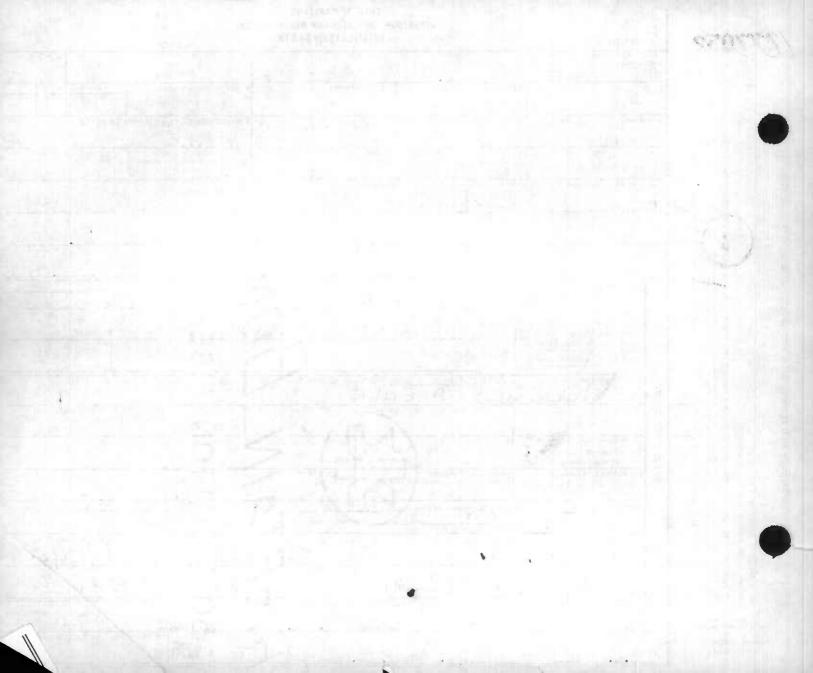
ector. p

STATE OF MARYLAND 259105 DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO EIRST MIDDLE 20. DATE OF DEATH MONTH DAY 2h HOUR LIYPE OR PRINTS ROBERT ONEAL 9 8 85 6:05 P. IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHOAY) MONTH DAY black 6 30 1921 64 male TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY 11 5 Baltimore city N.C. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VAMC. Baltimore, Maryland Baltimore JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 465 Manse Court 21201 Baltimore Md YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIDS1 MIDDLE O'Neal Miles Oscar Fannie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Ruth O, Neal 465 Manse Court 244-12-9594 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for 101, 1b , and ic .. PART I. DEATH WAS CAUSED BY wrest IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NC YES [ NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 MEDI 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN AT WORK NOT WHILE 22a I certify that A (this haspital) attended the deceased from 9/8 sow the deceosed olive obove, XII (we) (did) (did) and that in (Ay) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d NSNAME (TYPE OR PRINT VAMC, Baltimore, Maryland 21218 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIF Buria TY OR TOWN 9/13/85 Garrison Forest Vet Mills Md Owings

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

William C. March F/H Inc 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 2 SIGNAPARIA



Randallstown, MD

21133

8728 Liberty Rd.

FOR

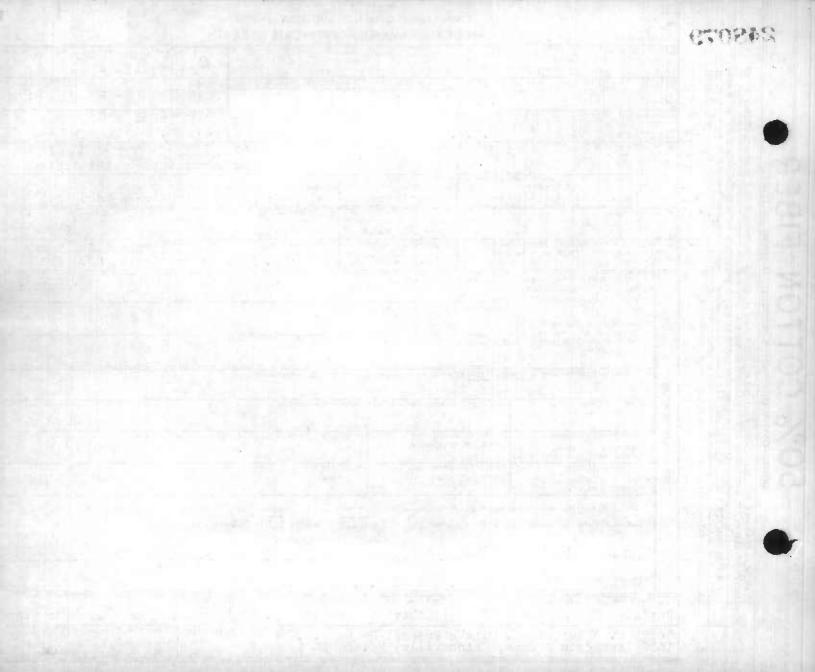
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 267093 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF ESTI-9-19-85 **PALUMBO** PAUL A. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED 8:19PM 9-19-8519 DEAD Male 11-18-21 YRS Cauc TO BIRTHPLACE (STATE OF TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRYS Baltimore City WIDOWED DIVORCED Md GALLY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS University Hospital Congress Baltimore Security 21202 Hotel SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 Md . 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. 306 W. Franklin Street YESX NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph Palumbo Catherine Gaglio 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21213 IN YES. GIVE WAR OR DATES! WWII ves Lucy Dames 3726 Bon View Avenue 220-09-0825 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). AN CAUSED BY: IMMEDIATE CAUSE (a Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause fast. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRICE TO BURI YES [] NOXX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED TIE. PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, Inspection X 220 I certify that I took charge of the remains described above, held an Inquiry and in my apinian death resulted from: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 9-20-85 ACTUAL Assistant SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 236. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Holy Redeemer 07/84 CAM DATE REC'D. BY REGISTRAR DE MOSTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH** - 17 Schimunek Funeral Home, Inc. 3331 BrehmsSERn&O 1985 (VR A15 ME (5)) Balto., Md. 2121

Items 18-22a 10/21/85 mib



FOR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. -MIDDLE NAM L DECEASED NAME 20 DATE OF DEATH FRBONG MONTH PARK (TYPE OR PRINT) CWK ma 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY 1: SEX MONTH DAY YEAR January 30, 1930 55 a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED tomore City WIDOWED DIVORCED / TOWN OF DEATH 11. NAME HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE Maryland HOSDITG Baltimore Horsewi GIVE RESIDENCE BEFORE ADMISSION HAL ESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Parkville 204 autor Ave FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Chun Choi Jang ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 213-02-2204 No Jun Mok Lee - Same as #13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED TH LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on... , and that in (my) (our) apinion death occurred an the date and have and from the causes stated obave, (1) (we) (did) (did nat) view the body after death 226. SIGNATUR DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 225 (rueen Sr 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY Burial 9-27-85 24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23d LOCATION Cockeysville, Balto., Md.

SFP 3 0 1085 Super Signature

YEAR

85

IF UNDER I YEAR

INDUSTRY

Dwn Home

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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22c DATE SIGNED

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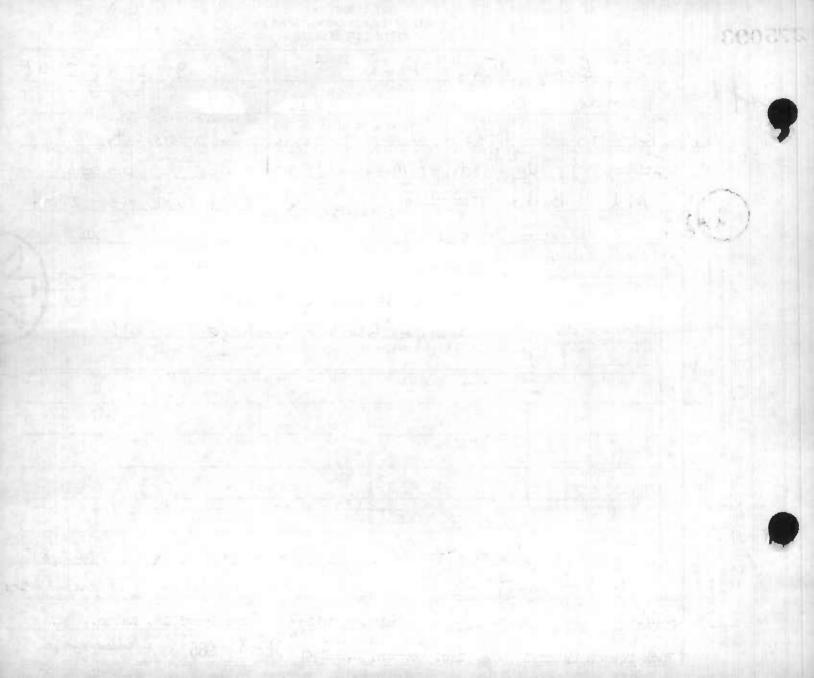
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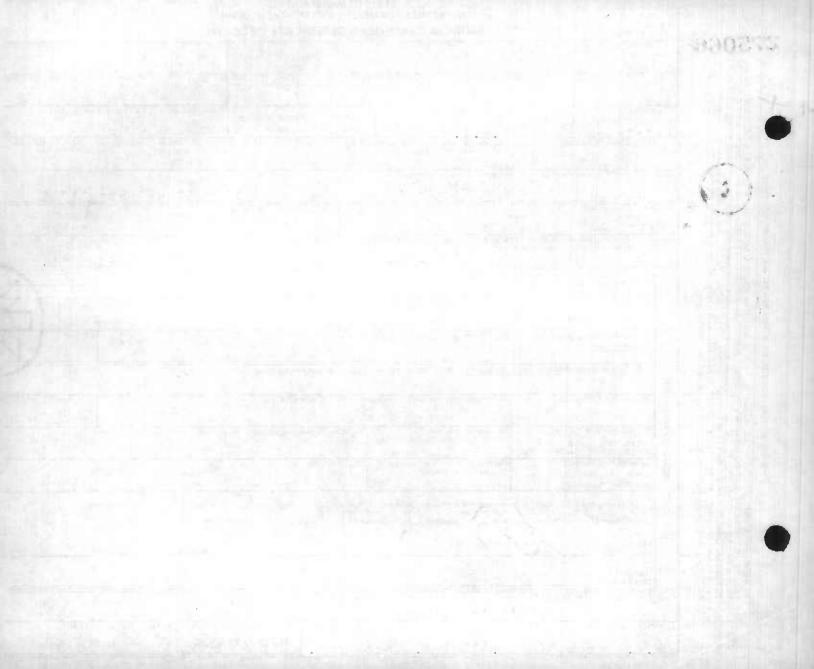
IF UNDER 24 HRS

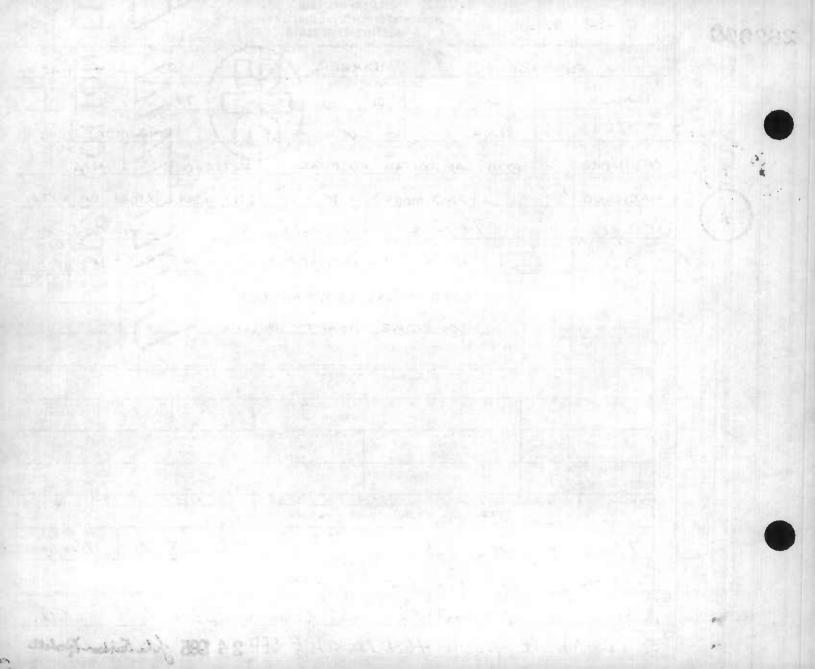
ADDRES 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

236 DATE



		1	OR		<b>DEPARTMENT O</b>	FHEALTH	I AND MENTAL H	YGIENE 2	5 4 V	0
	1111	1-	STATE REGISTRAR	ME	DICAL EXAMI	NER'S	CERTIFICATE O	FDEATH REG.	NO	2
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7	A A A A A A A A A A A A A A A A A A A		RTHPLACE (STATE OR	76. CITIZEN OF W		8	IED X NEVER MARRI	9. BALTIMORE CIT	Y OR COUNTY OF DE	
	SHOE E		REIGN COUNTRY			WIDOW			co City	
	NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS. PRESTON STREET,		TOR TOWN OF DEATH		SPITAL, NURSING HO			120 USUAL OCCUPATION		ID OF BUSINESS
	× # 5 # 6			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRES	is]	EK II VOTITOTION	FOR MOST OF WORKING LIFE)		INDUSTRY
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21201	K Z B A S		arvland		Baltim		YES NO	215 Ballou	Court 2	1231
WD.	No. of the		THER'S NAME				15. MOTHER'S MAIDE	NNAME		
- 2	中220日		FIRST	MIDDLE	1AST		FIRST	MIDDLE		AST
o o	BUSSU -	W	illiam /AS DECEASED EVER IN U.	ADMED FORCECT	Ray	OLT VIO	Fannie 17. INFORMANT	ADDRI		rker
M	RYDES /	IYI	S, NO, OR UNKNOWN (IF YE	S, GIVE WAR OR DATES)	100. SOCIAL SECON		II. II VI ORMAINI	ADDIŅI	L33	
3	JRS AFIER B. GIVE P. WITH FO T. PAGES DIVISION		no		216-50-	3523	Darlene	Parker 338	Madison	Ct.
3	E - ≤ - ○		18 CAUSE OF DEATH (En	ter only one couse per lin	e for (o), (b), ond (c).)					PROXIMATE INTERVAL
W. PRESTON ST	VITHIN 24 HOUNCL IN ITEM 18 INER ALONG VERNIT PERMIT TAL HYGIENE, R REMOVAL.		PART I DEATH WAS CA	AUSED BY: EDIATE CAUSE (0)	Intrave	enous i	Narcotism			
ō	N 17EM N ITEM ALONG IT PERM YGIENE NOVAL.		3707		R AS A CONSEQUENC					0-11-7-159
RES	HIN NSI K		Conditions, if ony,	which						
4	ENCIL IN MINER . TRANS . TRANS . TRANS . OR REM		gave rise to imme cause (a) stating the u		AS A CONSTOURNE					
2	UTED WITHI IN PENCIL I EXAMINER STAL - TRANS O MENTAL I		lying cause last.	DUE TO, OF	R AS A CONSEQUENC	E OF			72.00	
, 201				(c)						
DIVISION OF VITAL RECORDS,	D BE EXECTED MEDING: AND AS A BUILDE EALTH AN CREMATI		PART 2 OTHER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TO	ERMINAL DISEAS	E DR CONDITION GIVEN IN PAI	T 1 (a)		
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>	A SE	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA	AS 21h. TIME C	F IN HIRY	71c H	OW INTERPRETATION	D LENTER NATURE OF INJURY IN ITEM		ES X NO [
ō	A MEN S	2	LINDERLYING DOR	HOUR A./	A. MONTH DAY YE	AR	OV HAJORI OCCORRE	D TELLER MATORE OF BAJORI BATTER	TOTALL OKTAKIZ	
ŏ	AR A STATE	2	CONTRIBUTING CAUS							
N N	TING FED TO 3 SHO PRICEPAL	9	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION	CITY OR TOWN	COUNTY	STATE
۵	THIS C E, WRIT WARDI PAGE STATE 21201	*	WHILE AT WORK	E 🖸					600.11	
	VER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP (ND, 21201 PR						sy X, Inspection			
	MASS SES	100	778 I certify that I took	charge of the remains de		Autop	sy X, Inspection	n L.J., Inquiry L.J., _	and in my apinian	
	MEN SER		death resulted from:	Natural med 181	Accident,	Suicide	, Homicide .	Undetermined monner	」.	
	CERTICOLO DIRE		APPRILIT	SVY			TITLE (SPECIFY)			
	AHONE -	1	ACTUAL SIGNATURE			N	.D Assistar	T MEDICAL EXAMINER	DATE SIGNED 9	/23/85
	SEA SEA			U						
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		EXAMINER'S NAME (TYPE OR PRINT) G	regory R. Ka	auffman, M.	.D	ADDRESS 111	Penn St.		
	TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a, BI	JRIAL, CREMATION, REMO		23E NAME OF C			123d LOCATION		
		(5	PECIFY)				rial Park	CITY OR TOWN	COUNTY	Md.
07/84 25M	BP	24 E	INT A T	(9/28/8	5   King		25g. DATE R	Daitimore	EGISTRAR'S SIGNATU	
	DHMH - 17	24.11	NAME	ADDRES	S		AF I	O ST ADDRESS NAME OF THE REST	A SIGNATURE	mole and
	(VR A15 ME (5))	L	.C. March	F/H Co. 1	101 E. No	rthA	ve. SEP	2 7 985 Anna	Dingo ( addi and )	district





266040

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 4 0 3

CERTIFICATE OF DEATH

					KEG. N	10.		
	CEASED NAME FIRST	MIDDLE	200	AST O	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOURS / N
	Nou	26	\u	reic	LACE STATE	10/0	3	IF UNDER 24 HRS
3 SE	FemAle	Black	S. DATE C		6. AGE IN YEARS LAST BI	YRS	DATS .	HOURS MIN.
To B	IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8.	M	9 BALTIMORE CITY	OR COUNTY OF DE	EATH	
	ARYLAND	U.S.A.	WIDOWE		Baltim	ore C	ity	MD.
10 C	Baltimone	11. NAME OF HOSPITAL, NU HENOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		CUSTRY	F BUSINESS OR
	AL RESIDENCE LIF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE B	SEFORE ADMISSION)				212	12
	ARYLAND 13b COUR			13d. INSIDE CITY LIMITS?		/ ZIP CODE		
-		BALT	IMORE	YES X NO	5220 YOR	K ROAD	APT	81
IL F	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN N	MIDDLE		LAST	
RI	CHARD FOWLER			MARY KI	LGORE			
	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDR	RESS		
N		219-2	0-9237	ELLA M. H	ENDERSON 1		29t1	<del>~ ~ ~ ~</del>
	18 CAUSE OF DEATH (Enter or	nly one couse per light to (o), (b	, and col	Λ	,		BETWEEN C	MATE INTERVAL
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	diac	Arves	<del></del>			
	Conditions of any 1911	DUE TO, OR AS A CONS	EDUINCE OF	neclora	15			
	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF	NA I	313	,	4	
	underlying couse lost.	(c) D1C	bet	es IVIel	Litus/1	remis		
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	NDITION GIVEN IN	PART 1:c	
1 E	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF YES, WER	E EINISIN	IGS HSED
CERTIFICATION	DATE OF OFERATION	THE CONDITION TOX WI	TICH OPERATIO	WAS PERIORMED	YES NON	IN CERTIFYING		
ER.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAM MEAD	71c HOW INJURY OCC	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR	PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	17	211 LOCATION				
ME	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OFF	FICE, FARM. ETC.)	STREET	CITY OR TO	OWN CC	YINUC	STATE
	27a.1 certify that (I) (this hosp saw the deceased alive on				, to, to	. 19		that (I) (we) last
	obger, [1] (wit) (did) (did no	sti vjew thir hady after death.	, 01	na thot in (my) (our) opinio	an death occurred an the o			
	THE SENATURE DE DE LA LIA	1 Deds	Llia	TENDING		AFF S	2c. DATE	SIGNED
	22d PHTSICIAN'S NAME (TYPES	arrent Contract	1	71+ ADDRES	DIRECTOR PHYSI	CIAN	1	2102
		A RIVER OF THE	(/-					
	BURIAL, CREMATION, REMOVAL	73h DATE	731 NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION	COUN	NTY	STATE
	222	0 10 05		TALOR TAL	DATES	0.00		

DHMH - 16 60M 7/B4 (VRA 15, 4)

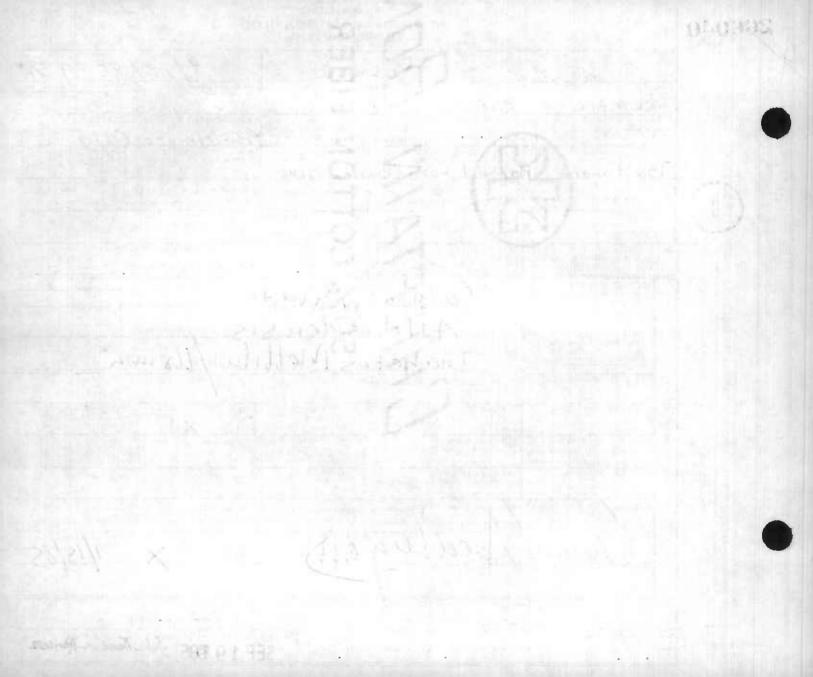
MPORTANT: If hem 21 is

BURTAT 19-14-87 RANGE ADDRESS WM. C. MARCH F/H 1101 E. NORTH AVE.

BALTIMORE CO MD

250. DATE REC'D. BY REGISTRAN 256. BEGISTRAN'S SIGNATURE

SEP 1 0 1985. Fills Sauridson Annual September 1985.



277	082		1-	FOR STATE REGISTRAR				CERTII	IEALTH AND MENTAL HYO	REG. I	NO.	5 4	0 7
	- 22 14 1	1		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
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1 1	2		1 SEX			4. RACE		5 DATE		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	. STORESTER
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- 6	51 0	$\equiv$	10. CI	Y OR TOWN OF DEA	TH	0.011	HOSPITAL NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12h KIND	OF BUSINESS C
101	40	2	-	alt.		(IF NOT IN SUC	CH FACILITY, GIVE STREE	ADDRESS)		Juctory			
212	E 0 0	5	USUA 130. S	L RESIDENCE IN NURSE	NG HOME OR	OTHER INSTITUTION	13c. CITY OR TOV		113d. INSIDE CITY LIMITS?	13e STREET, ADDRESS	/ 7IP CO	)DE	
BALTIMORE MARYLAND 2120	-	24		Md.	130.0001		Balto.	VIN	YES NO	5114 Arbi	utus	Ave. 21	215
THE THE	11.4		14 FA	THER'S NAME			45-11-11	77.10	15 MOTHER'S MAIDEN NA	ME			
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Han 1	R. T.	10		AS DECEASED EVER			16h SOCIAL SEC		17 INFORMANT	ADD	RESS	,	
WO	00 9	190	U	ES, NO GRAINKNOWN)	(# YES, GIV	E WAR OR DATES	217-16-	3838	Kathleen Fei	oe 401 N.	11170	rne Ave.	
TI S S S S S S S S S S S S S S S S S S S		1		18 CAUSE OF DEATH	LEater or	dy one cours no			THE COCCE D CA	90 101 111	- Lugic		XIMATE INTERVAL ONSET AND DEATH
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of h	tend mon			Conditions, if any,	bdub	DUE TO, O	RAS A CONSEOL	ENCE OF	soal hem	acolacice		9	Acc-c
D O	matinos tro			gave rise to imm	ediote	(b)_	7.75		7.2.				0.00-13
3 6 8 -	100 mm			underlying cause	lost	DUE TO, O	R AS A CONSEOL	ENCE OF				The second	
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AL MAIR	o v	20	TIE							YES NO		YES [	NO [
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	WE E	7	CAL	OR CONTRIBUTING C		NIN .	,M.	19					
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> 05	K C C	constan	Z	WHITE NOT WHITE	IE C	(AT HOME, SI	REET, PACTORT, OFFICE.	FARM EIC J					
0 200	Se o	-		22s.1 certify that (I)	(this hospi	ital) attended th	ne deceased from.	9 1	4 85 19	10 9 22	85	19	, that (I) (we) la
ATTEN	for L			saw the decease above, (I) (we) (d	d alive an	9/22		, o	nd that in (my) (aur) apinian	death occurred on the	date and h	naur and from th	e causes stated
OC -E	REC hed ept.			226 SIGNATURE	Tal (did tic	ir) view me body			DEGREE			22c. DAT	ESIGNED
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D.D.		$E_{ij}$	1	SPECKY) D . /	KEMOVAL	O OF	0= 0	TANKE OF C	<i>c</i> .	- CITY OR TOWN		0	10
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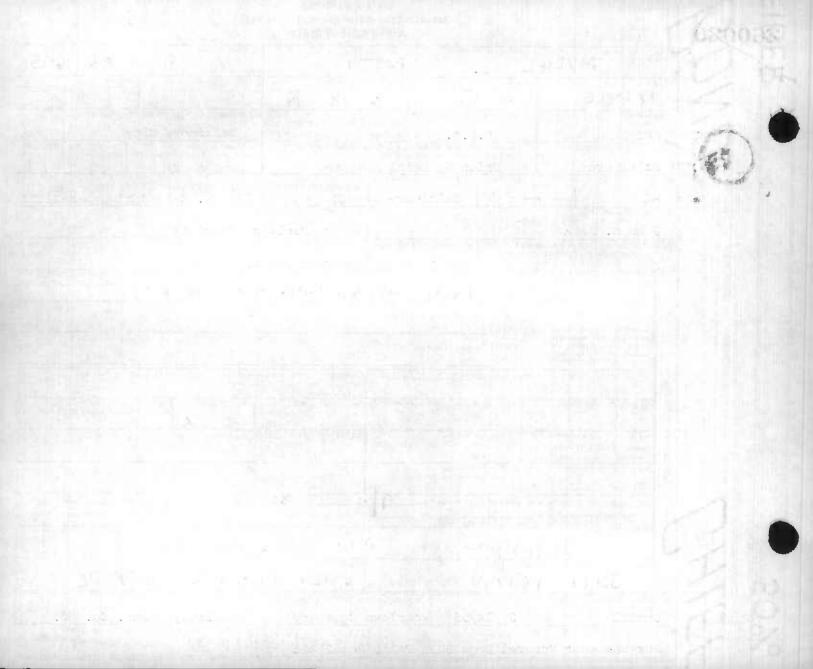
268093		1 - STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.											
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¥	PAGE 5 BE FILED, V		)		217 S					COATER	WORKING LIFE)			I ONA	
8		USU	Baltimo	(IF IN NURSING HOME O	OR OTHER INSTITUTION, G		EFORE ADMISSION)						INA 1.3	LUNA	L CA
F ANY	Series 5	$\overline{}$	D.	13b. COUN	TY	BALT	IMORE	YES [			CHAF	EL S	T.2	1231	
M H	A BOST	14, F,	SEPH		MIDDLE	D 4 D = 1	AST		HER'S MAIDE	NAME	WIDDLE			LAST	
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BAL	N SISI		NO					KENN	VETH P	PARTYKA	1207	HAN	IDSW		PL.
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PRESTON ST	26.00 X		148.4	IMMEDIAT	E CAUSE (a) A			ic card	iovasc	ular dis	sease_	0 0			
E 84	REGER	130	Conditio	ns, if any, which	DUE TO, OI	R AS A CONS	SEQUENCE OF						BH 59		
	MINE TRAN OR RE		gave ri	se to immediate stating the under-	(b)										
N I O	XAMII AL-TR MENT, N, OR		lying cau		DUE TO, OF	R AS A CONS	SEOUENCE OF								
5,2	JG" IN PERCIL SAL EXAMINE! BURIAL - TRAN AND MENTAL ATION, OR RE	100	BART 2 OTHER CO	CAUCICANT CONDITIONS	(c)						-				
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W.	ULID BE EXECUTED "PENDING" IN PIECE EXA ED AS A BURIAL-HAITH AND ME AL, CREMATION, O	CERTIFICATION	TELES	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUI NOT RELAT	EO 10 INE TERMINA	LOISEASE OR CONOT	TION GIVEN IN PAI	RT 1 (a).					
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ON OFFICE	NG THE VOID SHOULD SHOULD SHOULD SHOULD SHOOLD SHOO	3		OR NG CAUSE OF E			19					111		13.23	
VIS	F Z G =	MEDICAL	21d INJURY C	OCCURRED		OF INJURY		OF LOCATION STREET		CITY C	RTOWN		COUNTY		STATE
D SH	5446-	-	AT WORK	NOT WHILE C											
	EXECUT THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: 97 AFTER DEATH, WITH THE 517 BALTIMORE, MARYLAND, 2		22a I certi	fy that I took charg	e af the remains de	scribed abay	e, held an	Autapsy .	Inspection	n 🗓 , Inge	viry .	and in my	apinian		
- NO	5 % <b>6</b> ‡ §		death result	ed fram. Natur	al causes X.	Accident	, Suicid	e , Har	micide .	Undetermine	d manner	].			
3	OIR DIRE		den.	٨	00	n		TITLE	(SPECIFY)						
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OF P	ORA SET		EXAMINER'S	NAME )	0										
TO ME	SASE -		(TYPE OR PRI	NT) Ann	M. Dixon	M.D.		ADDRESS	111 Pe	enn St.	, Balto	o., MI	) 21	201	/
57	2448	23a.B	URIAL, CREMA	TION, REMOVAL 2				ERY OR CREMA		23d LOCATIC	V	cc	YINUC	STA	ATE
07/84 BF			BURIAL		9-24-85	SAC	RED HE	ART OF	JESL		IMORE	E CO.		MD.	
25M D	DHMH - 17		UNERAL DIREC		AT OF ADDRES	<b>F.</b>	0.000	THE Y	25 PAGE	S BY REGIS	TRAR 256 RI	GISTRAR'S	SIGNATI	URE (M)	
(VR	R A1S ME (5))	RA	YMUND K	ACZOROWS	(1 2525FL	EEI ST	. 21224			- 100	9		8	Indiana.	

And a second

Burgee-Henss Funeral Home 3631 Falls Road2121

DIVISION OF VIT

(VRA 15, 4)



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		ultra
		CEASED NAME FIRST OR PRINT)	NES A.	Pac	INE	20. DATE OF DEATH M	9/13/85	26 HOUR
	3, SE)	MAle	4 RACE Black	5 DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DA	TS HOURS MIN.
Z		RTHPLACE (STATE OR FOREIGN COUNTRY)  arvland	U.S.A.	DUNTRY?   8   MARRIE!   WIDOWE	NEVER MARRIED	BALTIMORE CITY OR		MD
6	В	altimore	LUTHERAN	GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY
32	30 S	ALRESIDENCE IF NURSING HOME TATE 136 COL	JNTY 130 CITY	ence before admissioni or town timore	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS / 902 Lexingt	zip CODE ton St. Ap	t.6 21223
)	28	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST	WIDDLE	25/21	LAST
1	(1	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C YES	GIVE WAR OR DATES)	-03-8572	Constance Pa	ayne 816 Cato		
	No	18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUS IMMEDI  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	SEPS ONSEQUENCE OF		ninal disease or cond		OXMATE INTERVAL
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAUS	
7	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTHER MEDICAL EXAMIN 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A.M. MC	NTH DAY YEAR  19 RY	211 LOCATION STREET	RED (ENTER NATURE OF INJURY		2) STATE
		220.1 certify that (1) (this has sow the deceased alive cobove. (1) (we) (did) (did 122b. SIGNATURE		19, or	d that in (my) (aur) opinion DEGREE ATTENDING	MEDICAL STAFF	e and hour and from	ATE SIGNED
1		22d PHYSICIAN'S NAME (TYPE)		utro	22e ADDRESS	DIRECTOR DHYSICI		1-6

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

SPECIFY)
BURIAL 9/18/85 24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

23b. DATE

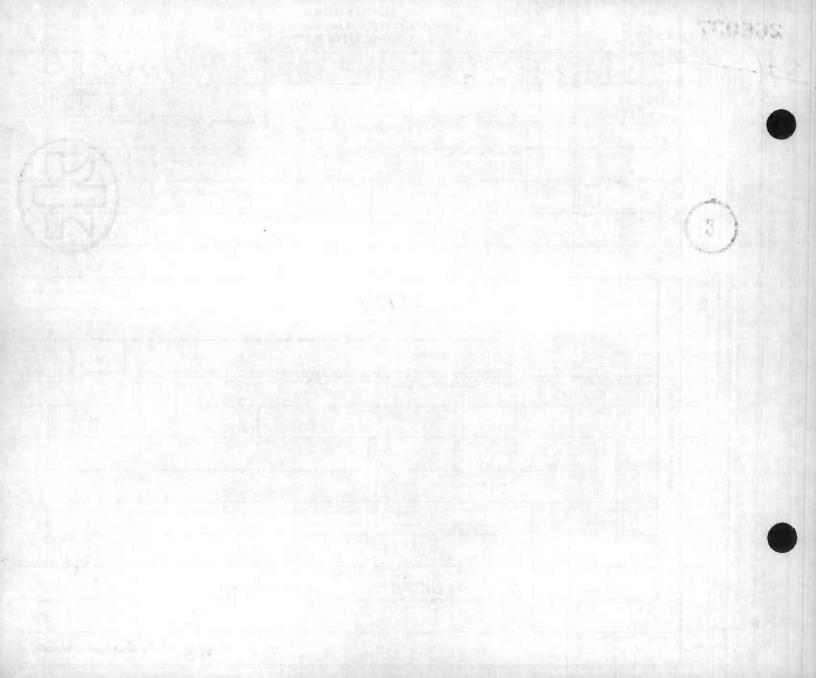
230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Baltimore National

Baltimore,

Md.

REGISTRAR 256. REGISTRAR'S SIGNATURE



	1	PH MOUDEY INC	STATE OF MARYLAND
53033	1.	FOR 9-10-85 D. REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 2 5 4 5 CERTIFICATE OF DEATH
		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
oge 3 deoth	TAM	OR PRINT)	Firl Pearce 8 17 85 9.30,
poog er de	3 SE	x and	4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 60		Imal.	What 8 16 85 - YRS 16 4.
Page 1		RTHPLACE I STATE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTRY OF DEATH
I BE BY	N N	D USA	MARRIED NEVER MARRIED CITY MI
1 11 2	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OF
1 11 82	1	P. 100 /	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  N/A  N/A
5 5 20 4	050	AL RESIDENCE OF NURSE HOLD	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
1 19 2		STATE NO.	13t CITY OR TOWN 13d INSIDE CITY LIMITS? 13 STREET ADDRESS ZIR CODE 21012
200	1	THER'S NAME	15 MOTHER'S MAIDEN NAME
1 19/11/	V	T "" 1	MIDDLE CAST FIRST MIDDLE CLAST
UY	144.5	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
Par P	1	TEL HOOK UNINOWN) (IF YES C	GIVE WAR OR DATES
1	-	NA NO	4
N		PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), and (c) SED BY
1.22.			IATE CAUSE 10) Bilateral premothomic
9101		104111111111111111111111111111111111111	DUE TO, OR AS A CONSEQUENCE OF
10 00 00		Canditions, if any, which	( 10) Immature hunge and Hyaline membrane micon
4111		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
by croth		underlying cause lost	10 PREMATURITY - 2 George Ke
n ple puric		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The The	CERTIFICATION	SEPSIS IT	HPOTENSION, PERINATAL ASPILYXIA
prio prio	7 8	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
hos hos	Ē	Nove	YES X NO YES NO YES NO X
Hygical Roh	7 8	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ol-trul	7 4	OR CONTRIBUTING DICALOR	DEATH HOUR A.M. MONTH PAY YEAR NO. 19
Mei Mei	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION
the ond ked	Ž	WHILE AT WORK	(IAT HOME, STREET, FACTORY DEACE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
Afte of th mor			spital) attended the deceased from 4 50M 2 15, 19 25 to 9.30M 2 17 19 25, that (1) (we) los
OR OF THE		sow the deceased alive of	on 1 1 19 1 , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated not view the bady after death.
RECTOR sed for u		abave, (I) (we) (did) (did : 27b. SIGNATURE	DEGREE 22c DATE SIGNED
# Do D		17 15	ATTENDING (MEDICAL STAFF
UNERAL JNERAL d be der he State RTANT:	-	22d PHYSICIAN'S NAME (TYPE	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1785
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to FUNERA should be de with the Stat	-		PALAKRISITNAN.   61 CU, VNIV OF NO HOPPITAL
		SURIAL, CREMATION, REMOVA	
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MH - 16 60M 7/84	24 F	JNERAL DIRECTOR	ADDRESS 25ADG RECORDALISE CHANGE
(VRA 15. 4)		Anatomiz	

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-		FOR
1	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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		REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.		
7		CEASED NAME FIRST	WIDDIE		AST		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
V			rence		Pearson		September 19	, 1985	
	3 SE		4 RACE	S. DATE C		WF A D	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER A YEAR	AR FUNDER 24 H
		Female	Black	~1°1	26	80	7 6 yr	RS	3 HOOKS M
÷ 0	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MA	RRIED -	9 BALTIMORE CITY OR COU	NTY OF DEATH	
30		North Carol		WIDOWE	DIVO	RCED [	Baltimore Ci	ty	
300		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTIT	NOITU	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK II		OF BUSINESS
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e e	_	THER'S NAME	Dareim	OTE	15 MOTHER'S A			1 36, 2	1210
ano		FIRST	Wilken	C	FIR		WIDDLE	11 m d	LAST
0 /		Hart , VAS DECEASED EVER IN U.S			17 INFORMAN		ADDRESS	Und	erdue
nedic	- (		S. GIVE WAR OR DATES) 217-82				Emanaia 762	Paulat	± A *** 0
the	-	18 CAUSE OF BEATH S-1		and to the	Flore	nce r	Francis 762		DXIMATE INTERVAL
ent,		PART I. DEATH WAS CA		Round	16/1	1110	118 train	BETWEE	N ONSET AND DE
8 3		IMME	DIATE CAUSE (a)	2000		u jo	0	1011	TOUL TO
9			DUE TO, OF AS A CONSEOL	JENCE OF	0/1/1	1000	Worns	111	2010
100		Canditions, if any, which gave rise to immediate		way	- Vac	1000	uciosis	9,0	co
2		cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				1	
0 10		anderlying eduse last	(c)						
6	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	110
-	CERTIFICATION		Van comparison con mana						
00	FICA	198 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORA	MED	20a AUTOPSY? 20b II	F YES, WERE FINE ERTIFYING CAUS	DINGS USED ES OF DEATH!
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# 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		DAY YEAR	ZIE HOW INJU	IRY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART   OR PART 2	)
1/	CA	HE EITHER NOTIFY MEDICAL EXAM		19					
ě.	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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F4	5	saw the deceased alive	d nat) view the body ofter death.	85. ar	nd that in (my) (a	ur) apinian (	death accurred an the date and	haur and Iram th	ne causes state
ž.	13	12h Summilie	71 / /		DEGREE			22c. DA1	TE SIGNED /
		AWW	alus Mu	7 M		YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 9	11918
3 1		22d PHYSICIAN S NAME (1	YPS OR PRINT)		22e ADDRESS			1	110
8		N.V. LING	Yenstrulh		82	7 /11	Idan Ave	2/2	201
3	23a E	URIAL, CREMATION, REMO		NAME OF C	EMETERY OR CRI	EMATORY	123d LOCATION		
		SPECIFY) URTAT			y Plot		Valentine	COUNTY	Va.
		INERAL DIRECTOR	150121100	- amil	7 1106	250. DAT			
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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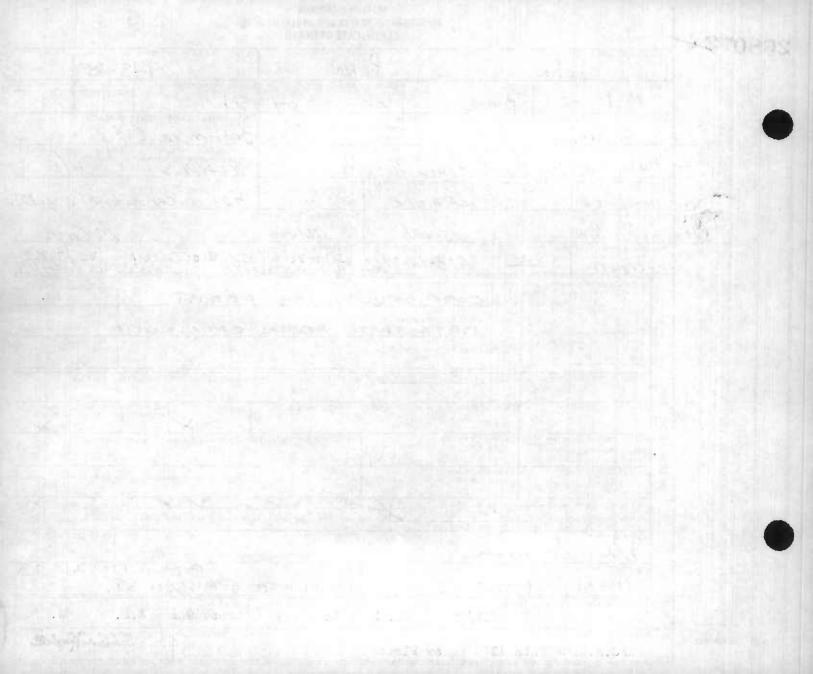
REGISTRAR				CERTIFI	CATE OF DEATH	REG	NO.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	P	NN	2a. DATE OF DEATH	MONTH AG.	DAY YEAR	26. HOU	P
3. SEX / 1	JOHN!	RACE	,	5. DATE O		6 AGE TIN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR		R 24 HRS.
MAIE		Blace	٤	03	-25-04	81	YRS.			
Ja. BIRTHPLACE (STA	TE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY	MARRIED	NEVERMARRIED	9 BALTIMORE CIT	OR COUN	TY OF DEATH		
Douth a		uis		WIDOWE		DAItime	Ne C	1+4		MD.
BALLIMO	e Cim		HOSPITAL, NURSI TH FACILITY, GIVE STREE LCONS		ROTHER INSTITUTION	120 USUAL OCCUP			OF BUSINE	ESS OR
USUAL RESIDENCE III	136 COUNT		BALLAM	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRES		DE Jons	f. a.	1223
Photos Name	P	DDtE	PENN	/	15. MOTHER'S MAIDEN NAM	ME	Ę	Max	man	/
160 WAS DECEASED OF UNKNOWN		ED FORCES?	213-12	URITY NO.	AJohn Penn	3504 West	c Diff		1/03/	333/
	immediate stating the couse lost	DUE TO, O		JENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION G	GIVEN IN PART		
A DATE OF OIL	PERATION	196. COND	ITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	res, were fine Tifying caus Yes []		TH?
OR CONTRIBUTION	AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)	1	OF INJURY M. MONTH E M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM I	8 PART 1 OR PART 2	)	
WHILE AT WORK	CURRED	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC 1	211 LOCATION STREET	CITY O	RTOWN	COUNTY		STATE
22a L certify the sow the de caborn, (i) in the source of the control of the cont	ot (I) ( <del>this hospita</del> creased glive on (id not)	view the bady	after death.		d that in (my) (a) opinion DEGREE ATTENDING PHYSICIAN 2 22e ADDRESS	MEDICAL STORECTOR PHY	STAFF YSICIAN []	22c. DA	TE SIGNED	
23a BURIAL, CREMAT	ION, REMOVAL	23b. DATE 9/23			emetery or crematory on Cemetery	Lansdow	ns A	. ACOUNTY	Md.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr LMPORTANT: If them 21 is marked or them 18 shows any injury, or oth

CHAS.A.RICE FSPA 1300 Eutaw Place



263021	1.	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	GIENE 5	25416	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 76 HOUR	
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and do	3. SE	· · · · · · · · · · · · · · · · · · ·	4. RACE 5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		741
s offi		Temale	Dack	64 /05 / 20	65	YRS. HOURS MIN	4.
n 72 hou		RTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED DIVORCED	Beilt (	R COUNTY OF DEATH	ΔD
offer d	以 C	LY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE	ON / 126. KIND OF BUSINESS C	
S O	<b>U</b> SU	RESIDENCE OF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADD		le cross appres	170 cons 6 10 115	>
7 2	2	MDE	TTO Fin KIS POW	YES NO	13e STREET ADDRESS	// // //	
nplerel	6	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST	
5 0			MED FORCES? 166 SOCIAL SECURITY	YNO. 17 INFORMANT	ADDRE	SS	
be exect		res, NO OR UNKNOWN) (IF YES, GIV	214-24-6	119 Rose H	MACHAL	27/6 Mohawk	
physicion npopers. I movol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c) BY:	1 4 1 2	il.	APPROXIMATE INTERVAT	н
0000			TE CAUSE (0)	yumons	My AVVE	st 25 min.	
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quires signed to buri	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 110	
he low re on. hos been r permit.	CERTIFICATION	19a DATE OF OPERATION	190 CONDITION FOR WHICH OP	RATION WAS PERFORMED	20a AUTOPSY?	WERE FINDINGS USED IN CERT / INO CAUSES OF DEATH?	
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ATTE ospito ECTO d for t. of h m 21	6		t) view the body ofter death.		death occurred on the do	ote and hour and from the causes stated	
TAL OR , y the ho KAL DIRE detoched tote Dept	K	276. SIGNATURE	m MD	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAF	120. DATE SIGNED	-
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	73a.d	UNIAL TREMATION, REMOVAL	THE PARE POLICE THE NAME OF THE PARENTE PARENT	NE OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY A STATE	
BP	24. FI	INFILM DIRECTOR	1110/83 Fre	250 DAT	TE REC'D. BY REGISTRAR		
DHMH - 16 50M 4/83 (VRA 15, 4)	1	name ( sunot	11712 1200gs 1	lant the SFI	P 1 6 1085	Julia Davidson Bandon	

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11	P	90
5	IOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours often death. Fage 4 may be ned by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and commental in by the funeral director page. It is not so she burial-transit permit. Then please remove carbon papers. Pages found 2 that it be filed within 72 hours after deat the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR

STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

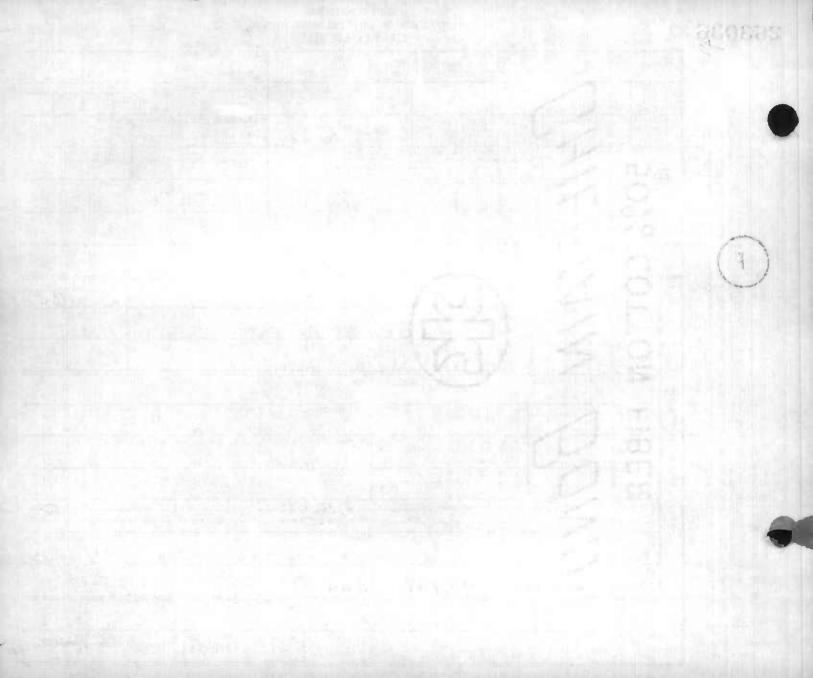
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	1 DEC	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	LIABE	OR PRINT)			PERLBERG	SEPT. 2	0,198	5	7	A M	
	3. SEX	*	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BI	(THDAY)	IF UNDER 1 YEAR	IF UNDER	12-11110	
4		FEMALE	WHITE		. 12, 1904	81	YRS.	MONTHS DAYS	HOURS	MIN.	
Н		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH			
/	R	RUSSIA	USA	WIDOWI	DIVORCED	BALTIMOR				MD.	
		BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 6210 PARK HEIG	ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING L		HOME	ESS OR	
	JUSUA	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR					ADT			
5		MARYLAND 136 COUR	BALT IMOR		13d. INSIDE CITY LIMITS?	6210 PARK	HTS.	AVE. 2	1215		
1	14 FA	THER'S NAME	MIDDLE LAST	7-5	15. MOTHER'S MAIDEN NAM	ME	LUCA	146			
Ĉ	0	ELLIS	BRAITERMA		SARAH			TUBL	IN		
		VAS DECEASED EVER IN U.S. AR	IS TAKEN ON DATES.			RVIN A. PER					
		YES, NO R UNKNOWN) (IF YES, GIV	218-50-	7366	1218 N. CA	ALVERT ST.	ВА	LTO., M	D 21	202	
		18 CAUSE OF DEATH (Enter or	nly one couse per line for 10), (b), an	id (c+)				BETWEEN	MATE INTE	RVAL	
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (6)	SU	s nected	Stroke		imm	redi	ate	
			DUE TO, OR AS A CONSEQU	ENCE OF							
		Conditions, if any, which	( b)								
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause last	(c)								
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	)		
	CERTIFICATION						-1-11-1	16-51			
2	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN			
-	RTIF					YES NO	Y	ES 🗌	NO [		
		210. ACCIDENT WAS UNDERLYING CAUSE OF DE	LIQUID A MA MONITUL D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)			
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19			- 97				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	FARM ETC )	21f LOCATION STREET	CITY OR TO	)WN	COUNTY		STATE	
	2	AT WORK AT WORK									
		220.1 certify tha (1) this haspi	ital) attended the deceased from_	0	Jan. 19 84	to 9/2	0	19 85	- Aller	we) lost	
		saw the deceased alive an above, (1) (we) (did) (did no	2/20 19	×5_, o	nd that is (my) (our) opinion of	death occurred on the d	ate and ho	ui and from the	couses st	ated	
		22b. SIGNATURE	1-0		DEGREE			22c. DATE	SIGNED		
		alend	Loy 1 kg		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	91.	20/	85	
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	1419	22e ADDRESS	0.1					
		Alan Ga	by, M.D.		19 Walk	er, likes	ville	, 40	2,	1208	
	23a B	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	<sup>23</sup> 9/2 <sup>7</sup> 2/85 <sup>23</sup> B	ETH	EMEM PARK	23d RANDALI	STOWN	BALTO	•	MD	
		INTERNAL DIRECTOR	TUTUGON & DDGG		250 SE	E RECE A REPORTE	25b 280 16	Davidson	Bende		
		NAME SOL I	LEVINSON & BROS. RSTOWN RD. BALT	TMORE	. MD. (21215	1000	V				
		OOLO KEISIE	KOTOMA KD. DALI.	THOILE.	, 110. (2+210						

TSH AT SEP 2 4 KG 6 Level Contraction for the contraction of the contraction

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

263036	ki.	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	. HYGIENE E	3 5 REG. NO	2 5	5 4	1 3
75		CEASED NAME FIRST		MIDDLE	ı	AST	20 D/	ATE OF DEATH	MONTH DAY	Y YEAR	2h HOUR
oge death		FANI		LSIE	PEF			TEMBER 1			01:00 am
4 mo	3 SE		4 RACE		S. DATE C			E (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS MIN.
urs o		Female		lack	8	6 03		82	YRS		
2 hod 51		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BAI	TIMORE CITY O	R COUNTY O	F DEATH	
deat hin 7	10.0	N.C.	US		WIDOWE			ALTIMORE			MD.
by the filed with		ALTIMORE	(IF NOT IN S	CHEACILITY, GIVE STR OHNS HOPE	EET ADDRESS)	OR OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST O		INDUSTRY	OF BUSINESS OR
filled in nauld be		AL RESIDENCE (IF NURSING HOM) TATE  13b, CC		13c. CITY OR TO Baltimor	NWO	13d. INSIDE CITY LIMIT	13e.ST	REET ADDRESS /	zip code ayette Av	ve. 212	213
denely and 2 sh	14. FA	JONN	WIDDIE	Snipes LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE	Bur	rke	ī
1	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES			17 INFORMANT		ADDRE	SS		
( (2)1/		(IF YES	GIVE WAR OR DATES	217-01-	4107	Sara Douglas	3935 F	lowerton F	Rd.		
ng phy bonpci remo a		18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAU IMMED	only one couse p JSED BY: IATE CAUSE (0)	er line for (0), (b), RESP!	ratory	Arrest				BETWEEN	mate interval onset and death telo-5)
e death of a contending of a c		Conditions, if ony, which gove rise to immediate	(b)_	OR AS A CONSEC	sic E	NCEPHALO	OPATI	uy_		120	Lays
ed by the please re		couse (o), stoting the underlying couse lost	(c)_		tricular		20			12 a	lays
require	NOIL	PART 2 OTHER SIGNIFICAN									
The low in permit permi	CERTIFICATION	190 DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED		AUTOPSY?		WERE FINDIN NG CAUSES	
SECIAN The physicic certificate certificate carol-transit entol Hygie them 18 sha		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (E	NTER NATURE OF INJUR	Y IN ITEM IS PART	1 OR PART 2)	
G PHYS offendin fer this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC	E, FARM ETC )	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
Afr Se of the collaboration of		22a.1 certify that (1) whis ha	spital) attended			8/30.19_8	15, 10		9/13,19	85	that (I) we last
Priorition of H		sow the deceased alive above (11) we) (did) (did	on	9/13 19	85 . 01	nd that in (my) (our paper	inion deoth o	ccurred on the do	te and hour o	and from the	couses stoted
CX. hose hose borked beept	- 1	22b. SIGNATURE	21	1	11 2 12	DEGREE				22c. DATE	SIGNED
7 4 9 4		Waniel LC	lemen	- Mi	0,0	ATTENDIN PHYSICIA	AN DIRE	CTOR PHYSIC	IAN	9/	13/85
TO HOSPITAL TO FUNERAL should be det with the Store		Daniel L.	lemens	/ 1	HD ··	DAU		FE ST. B		MD 212	205
BP	23a. E	urial, cremation, remov specify Burial	236 DATE 9/17/8			emetery or cremato	ORY OHING	Anne Arun	t t	COUNTY	MD STATE
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR					DATE REC'				
(VRA 15. 4)		Wm. C. March F/	H 1101 E.	North Ave			OCT!	0 1982	1	~ (400) v-	Library

Wm. C. March F/H 1101 E. North Appress



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or ottending physician.

Tuneral director, page 3

ond 2

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove corbonopopers. Pages with the State Dept. of Health and Mental Hyginene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

deoth.

death certificate be executed within 24 hours ofter

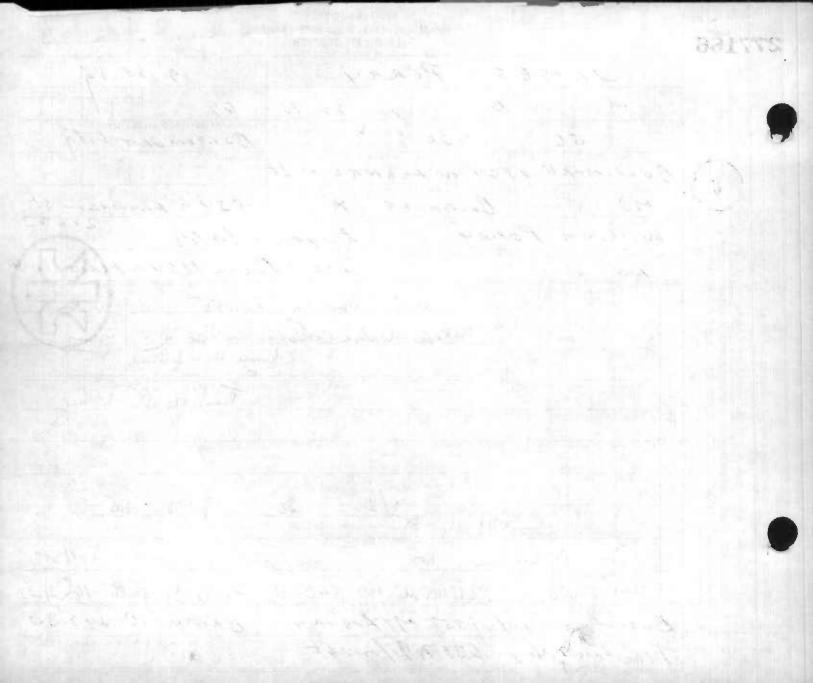
STATE OF MARYLAND

5

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HY	rGIENES 5	2 5	4 1	7
		CEASED NAME FIRST	1 E S MIDDLE	PERI	2 Y	20 DATE OF DEATH	MONTH DAY	YEAR 26 HC	OUR M
	3 SE)	M	4. RACE	5 DATE (			YRS.	DAYS HOURS	DER 24 HRS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	SA MARRIE WIDOWE		184001	MONO	6,19	MD.
4	15	TY OR TOWN OF DEATH  ALT, MONE  ALRESIDENCE (IF NURSING HOME	(IF NOT IN SUCH FACILI	TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		KIND OF BUSI DUSTRY	NESS OR
1	13a S	STATE 3 13b CO	UNTY DBC. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN TO MONOS	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIPCODE	MEIN	St
2	-	Will, Am	PERRY	LAST	FUGURA	in Lymory	is	LAST	, -•
		VAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 S	OCIAL SECURITY NO.	(ARRIE	Panny 14	34 W/		un it
	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  (CONDITIONS CONTRIE	CONSEQUENCE OF		Thomps	dull	yum LH Er	TERVAL
	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	216 TIME OF INJU			YES NO	20b. IF YES, WER IN CERTIFYING YES THE TENTON THE TENTO	CAUSES OF DE	ATH?
9	MEDICAL	OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(ER) P.M.	NONTH DAY YEAR  19  URY TORY, OFFICE FARM, ETC.)	211 LOCATION STREET	chord		Curety	STATE
		22e.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	0 1	19_51 . or	nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN		FF2		
		224 PHYSICIAN'S NAME (14P		3 MECHE &	220 ADDRESS 10 1540 U	6. Bells.	ST Bet	to rel	2/223
	1	BURIAL, CREMATION, REMOV	236. DATE	23c NAME OF C	EMETERY OR CREMATORY	13.50	O MDD	コンノン	340
	1	Can face P	Hanger 16:	3 FOR 7 91/	nov 5+ 0	CT 2 1985	236. REGISTRAR'S	SIGNATURE	Unla

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



					OF MARYLAND		
252121	11-	FOR STATE		DEPARTMENT OF HEA	LTH AND MENTAL	HYGENES 2	2 1 6. 0
CONTAI	' "	REGISTRAR	MEI	DICAL EXAMINER	S CERTIFICATE	OF DEATH REG. NO	
•		CEASED NAME FIRST		WIDDLE	LAST		X MONTH DAY YEAR 26 HOUR
	(TYI	PE OR PRINT)		MONE		OF ESTI-	-
E C S S S S S S S S S S S S S S S S S S	-	LaCa	i de als	MONT	Perry	DEATH MATED	9 319 85 4
25 E S E S E S E S E S E S E S E S E S E	3. SE	4 RACE	5 DATE OF BIRTH		FUNDER 1 YR. IF UNDI	ER 24/HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 2d HOUR
N 22 DER	M	ALE BLACK	7 8 8	3.5 0 YRS.	2 DATS HOURS	DEAD	9 3 19 85 7:197
A Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	170. B	IRTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRY2		9. BALTIMORE CITY (	OR COUNTY OF DEATH
NEGES STOREGES		MARYLAND	U.S.A.		ARRIED NEVER MAR	RRIED A	
SE SE SE	1D. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120. DSUAL OCCUPATION (TYP	PE OF WORK 176. KIND OF BUSINESS
AL A FINAL A	P	altimore		emorial Hospi	tal	FOR MOST OF WORKING LIFE)	OR INDUSTRY
P S S S S S S S S S S S S S S S S S S S	USU.	AL RESIDENCE (IF IN NURSIT & HOME		VE RESIDENCE BEFORE ADMISSION)	cu i		21010
IF ANY DELAY IS NECESSARY, PLEASE AND 3TO THE FUNERAL DIRECTOR. S. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL PECORDS, 201 W. PRESTON STREET,		ARYLAND M. COUN	ITY	13 BALTIMORE	13d. INSIDE CITY LIMITS?	228 ANDRESSCALV	VERT ST.
9		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAT		LAST
DEATH PARTY	C.	ARL ROSS PER	RRY	tASI	CYNTH	HIA SMITH	LAST
	16a. \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO	17. INFORMANT	ADDRESS	5
BALTIM S AFTER GIVE PA PAGES IVISION	0	es, no, or unknown) (if yes, give	WAR OR DATES)	27 /2	CYNTHIA	SMITH 2208 N	
IRS AFTER FORTH FO				N/A			
		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly one couse per line	for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- IS シガイコ			TE CAUSE (a) SI	udden Infant	Death Syndro	ome Wish a	1
PRESTON ITHIN 24 H ICH IN ITEA UER ALON ANSIT PER AL HYGIEN REMOVA		- F-W-11111	DUE TO, OR	AS A CONSEQUENCE OF		4	
MITHIN NCIL IN INER , RANSI TAL H		Conditions, if any, which					ALTERNATION NO.
W. W		gave rise to immediate couse (a) stating the under-		AS A CONSEQUENCE OF		1	
201 W. PRE UTED WITHI IN PENCIL I IN ACAMINES REAL TRANS O MENTAL I ON, OR REA		lying cause last.	502 10, OK	AS A CONSEQUENCE OF			
XECUTED NG" IN PICTURE EXAL EXAL EXAL EXAL EXAL EXAL EXAL EXA			(c)				
DIVISION OF VITAL RECORDS, 201 W.  S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING" IN PEN RES SHOULD BE USED AS BURIAL - RE E DEPARTMENT OF HEALTH AND MENI OF PRIOR TO BURIAL, CREMATION, OR	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL C	ISEASE OR CONDITION GIVEN IN	PART 1 (a),	
LI RECORI ULD BE ED PENDIN FF MEDIC ED AS A I HEALTH, CREM	CERTIFICATION						
TAL STALL	S	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		2D AUTOPSY?
F VITAL IN WORD "PRE CHIEF OF BE USED ENT OF H	E						YES X NO
DIVISION OF VITAL RESCRIPTION OF VITAL RESCRIPTION THE WORD "PER STANDING THE CHIEF MADE TO THE CHIEF	1 8	210 EXTERNAL CAUSE WAS	21b. TIME OF		HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
ONO THE TO THE ANTIME ON O	1	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR			
VISIO CERTIF OED TO 3 SHC DEPA	MEDICAL	214 INTURY OCCURRED			LOCATION	The State State of the State of	
DIV HIS CE WRITI WRED GE 3 WE DIV	¥	WHILE NOT WHILE I	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
12544-		AT WORK AT WORK					
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify that I taak char	ge of the remains desc	cribed abave, held onA	utopsy X, Inspect	tion . Inquiry . an	nd in my opinion
- NE FILE E		death resulted fram Natu	ratiouses X	Accident . Suicide	Homicide	Undetermined monner	
EXAMINO BE DIRECT			11/1/	Soicide 3		Onderermined monner	
2000 × 8		ACTUAL	1/		TITLE (SPECIFY)	a+	DATE 9/3/85
SE S	1	SIGNATURE	/ /		_ <sub>M.D.</sub> <u>Assistar</u>	MEDICAL EXAMINER	SIGNED 9/3/85
AMED CUTE FUNA FUNA FUNA FUNA FUNA FUNA FUNA FUNA	1_	EXAMINER'S NAME	CONT. D. V.	auffman M.D.	777	Down St. Delt.	- 140
TO M PAGE AFTER BALTI				auffman, M.D.	ADDRESSII	l Penn St. Balto	o.MD.
PAT PET	23a. B	URIAL, CREMATION, REMOVAL	3b DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	COUNTY STATE
07/84 BP			9/6/85	CEDAR HI	LL CEMETER	RYANNE ARUNDAI	L CO. MD
25M		UNERAL DIRECTOR				E REC'D. BY REGISTRAR JOB, REGI	W I I'V (MILITYLE
DHMH - 17 (VR A15 ME (5))	7.7	NAME O MAD ON	ADDRESS		SE	P 5 1960	
( 15 10 114 (0))	W	M. C. MARCH	F/H 1101	E. NORTH A	VENUE	3	

110/85

BURIAL

24 FUNERAL DIRECTOR

STATE OF MARYLAND

Mt. PEACE CEMETERY

7h HOUR

HOURS

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

220 DATE SIGNED 9.3.85

PHILA 6.

DATE REC'D. BY REGISTRAR 15b. REGISTRAR'S SIGNATURE

STATE

IF UNDER 24 HRS

25

DAYS

IF UNDER I YEAR

INDUSTRY STEEL

DHMH - 16 50M 4/B3 (VRA 15, 4)

270087	1-	FOR STATE REGISTR
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in by the tuneral delector, page 3 per that with 22 have ofter death

## STATE OF MARYLAND DEPA

JIAIL OI MANILAND	3 -		1756	20.0
RTMENT OF HEALTH AND MENTAL HYGIENE	2	60	7	. 4
CERTIFICATE OF DEATH				

	REGISTRAR			CENTIN	CAIL OI DEATH		REG. N	O.			
	ECEASED NAME	FIRST	MIDDLE	U/	ST	2a. D		MONTH DAY	YEAR	26 HOUR	-
1.0	Eliza	beth	Hain	Pete	rson	77	Se	Dt, 21	1/985	11 3	P
3 SE		4 RACE	11./	5. DATE O	F BIRTH		E (IN YEARS LAST B)	THDAY) IF U	MIDER I YEAR	IF UNDER 2	J HK
	remale	2   W	1 hote	08.	-07-1900 YEA	A.R	85	YRS	THS DAYS	HOURS	M IN
Ja. B	BIRTHPLACE (STATE OR FO	REIGN 75 CITIZEN C	F WHAT COUNTRY?	8		9 BA	LTIMORE CITY		DEATH	1-11-	
	MD	U. S.	Α.	WIDOWE	NEVER MARRIEI		Baltimo	re Cit	y		٨
10.0	ITY OR TOWN OF DEAT			NG HOME O	ROTHER INSTITUTIO	N 120 L	ISUAL OCCUPAT	ION 1	12b. KIND OI	F BUSINES	_
В	altimore	/ St A	gnes Hos	spita]	21229	9 [1149]	of work for most of Bookkee	per	NDUSTRY		
USU 13n	JAL RESIDENCE (IF NURSIN	G HO LE OR OTHER INSTITUTE	136. CITY OR TOV		13d. INSIDE CITY LIM	1702 112. 81	DECT ADDRESS	/ 710 CODE			
1	MD	Baltimore	Catons	vill	SYES   NO	X 1	REET ADDRESS Cedar	wood R	d.	2122	8
14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	WIDDLE		1.461		
30	James	M.	Haine	es	Sallie		WIDDIE	Ki	rkwo	od	
	WAS DECEASED EVER IN	U.S. ARMED FORCES		JRITY NO.	17 INFORMANT	19-16-	ADDR 1 O	Codarw	nod I	Road	
	NO	(IT TES, SIVE WAR OR DATES)	215-05-	-9053	Estelle	Nutta	all 19	Cedarw	212	Read	
	18 CAUSE OF DEATH	Enter only one couse p	er line for (a), (b) as	nd (c)					APPROXIA BETWEEN C	MATE INTERV	AL
	PART I. DEATH WA	S CAUSED BY MMEDIATE CAUSE (0)_	Pu	LMO	NARY	EMB	oLUS				
			OR AS A CONSEQU	ENCE OF		100		NAC AT			
	Conditions, if any,		OK A3 A CON3200	LINCE OF				-			
	gave rise to imme	diote			RATE TO		B PORTS IN				
	underlying couse	lost DUE 10,	OR AS A CONSEQU	ENCE OF				36.7			
	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL D	DISEASE OR CON	DITION GIVEN	IN PART 110		=
NO		ORDNAL	24 ATH		LIFROSI						
A	190 DATE OF OPERATION	ON 196. CON	IDITION FOR WHICH				AUTOPSY?	206. IF YES, W	ERE FINDIN	GS USED	
CERTIFICATION						YE	S NOT	IN CERTIFYIN	CAUSES	NO T	12
E E	210. ACCIDENT WAS UNDE		OF INJURY	VE. 10	21c HOW INJURY O	CCURRED (	NIER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		_
A	OR CONTRIBUTING CA		A.M. MONTH D	AY YEAR							
MEDICAL	21d INJURY OCCURRE	D 21e PLAC	E OF INJURY		211 LOCATION						_
×	WHILE NOT WHILE		STREET FACTORY, OFFICE,	FARM, ETC	STREET		CITY OR TO	)WN	COUNTY	517	ATE
		this hospital attended	the deceased from	SA	PT 18 19	85 1	SEPT	-21 19	81	that # (w	e) 1
1	sow the deceased	olive on JEI	T 2/ 19	8 T . on	d that in (my) (auc) of	pinion death	occurred on the d	ate and hour an			
	22b SIGNATURE	d) (did not) view the bo	dy offer death	C	DEGREE				22c DATE	SIGNED	-
	Box	17 Min	1-	mel	ATTEND	ING MEI	DICAL STA		9/	22/8	7
1	22d. PHYSICIAN'S NA	AE (TYPE OR PRINT)	45	110.6	22e ADDRESS	IAN   DIRE	CTOR PHYSI	TAIN _	1/2	70	9
	BEI	OT F. NI	ORTON	)							
23a	BURIAL, CREMATION, R	EMOVAL 23b. DATE	23c	NAME OF CE	METERY OR CREMAT	TORY 23	LOCATION				_
	Burial	9-2	25-85	St. J	ohns Ceme	eterv	Ellico		V. M	D 21	()
24 F	UNERAL DIRECTOR					Sa DATE REC'		256. REGISTRAR	8'8 ŞIÇNATI	URE) and a	BIL
N	lacÑabb Fu	neral Hor	ADDRESS	navil	le, Md	SEP	25 1981	gulari	autidizat-	- Charles	
-	2 0	1101	Ua li	HOATT	TET MILL						

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use os the buriol-transit permit. Then please remove curtifor pages with the State Dept. of Health and Mental Hygiene prior to buriol, crematers as reminimal.

TO FUNERAL DIRECTOR After this certificate has been signed by the offi

retained by the hospital or attending physician.

TO HOSPITAL

BP.

# FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

•	(7)	100	- 10	1)	
	2	2	1	Sa	

ı	REGISTRAR			CLICIT	TORIL OI	PER III	REG.	NO.			
	I DECEASED NAME FIRST	M	IDDLE		LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR	-
	(TYPE OR PRINT) Wallace	Э	P.	Pet	cerson		9	11	82	5p	M
	3 SEX	4 RACE			OF BIRTH		6. AGE (IN YEARS LAST		UNDER I YEAR		_
	Male	White		5 5	5 DAY	37	48	YRS	-	HOURS MIN	d.
1	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER	MARRIED IX	9 BALTIMORE CITY				
7	Maryland	U.S.		WIDOW		NORCED	Baltim	ore Cit	СУ	Α.	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME		TITUTION	120 USUAL OCCUP			OF BUSINESS C	_
4	Baltimore		n Memor		Hospi	tal	(disable		INDUSTRY	100	2
2	USUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY HAAITS2	13e.STREET ADDRES	S / 710 CODE			12
7	Md.		Balto.		YES 🗆	A		ld York F	Rd. 2	21212	
	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA					_
	Lee		terson		Rosi	F#ST e	WIDDLE	Gree	en (AS	I,	
7	160 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUE	ON YTIS	17. INFORMA		ADI	DECC			_
	(YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	218-20-3	285	Ms.	Della	Holland	Salisbu	arland ury, M	1 Rd. 1d.	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART DIFFERENCE ICANE	ONDITIONS CO	NA	EATH BUT	UNE 2800-2	THE STATE OF THE STATE OF		March School 2012	W. COSHOILLY		
7	CERTIFICATION  SIR ACCIDENT WAS UNCHARACION	19E CONDIT	ION FOR WHICH	A	ON WAS PERFO	RMED	YES NO	20h. IF YES, W IN CERTIFYIN YES	IERE FINDIN IG CAUSES	NGS USED OF DEATH? NO	t
1	The commence of All Managers on the				711. HOW IN	JURY OCCUR	RED (sector realized con-	- IIIm IR PART	CORFABITY		3
1	TEDIONE INCLUDED THE PLEASED T	-HE FLACE C	IF BY U.IDV	19	ZII LOCATE	5tN					_
1	LINE TO LINE WORLD	CAT MOME STRE	IT FACTORY DILLEGA	#PAL 81C 1	51986		City Of	10wn	COUNTY	STATE	
1	220 I certify that (1) (this haspi		deceased from	4 9	-11	4 ps 85		Sp. 19.		that (I) (we) la	st
-1	sow the deceased alive on above, (1) (we) (did) (did no	1) view the body o	ofter death.		nd that in (my)	(our) opinion	death accurred on the	date and hour on	nd from the	couses stated	
	77b. SIGNATURE	- h	-0	,		ATTENDING PHYSICIAN F	MEDICAL ST	TAFF X	22c. DATE	SIGNED -	
1	224 PHYSICIAN'S NAME (TYPE C	(R PRINT)	1		27e ADDRES		J DIKECTOK [] PHY:	TICIADE L		11-0	7
	Jani	re 600	2		Un	ion M	envial	Hosp.	Be	(to M	d
-	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF	EMETERY OR	CREMATORY	23d LOCATION		OUNTY	(1)	
	Removal	9/15/8	35				CITY ON TOWN	Co	DUNIT	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: # He

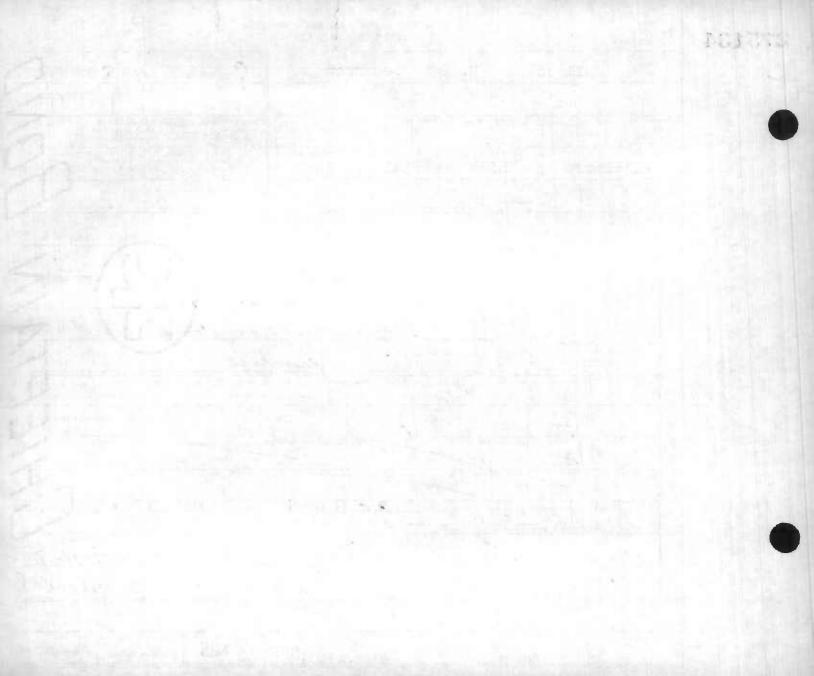
NAME Anatomy Board

24 FUNERAL DIRECTOR

ADDRESS

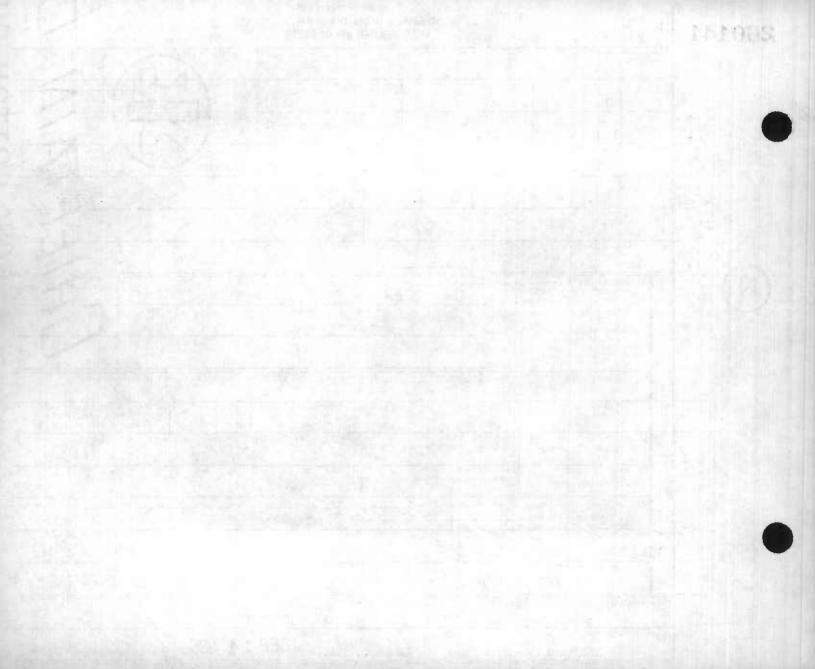
Balto., Md. SEP

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SEP 26 1985 Julia Davidson Por Julia Davidson Bandalle



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STATE OF MARYLAND



67073	FOR STATE REGISTRAR	Di	STATE OF MARYLA EPARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE 🗸 🗢	25421
moy be poge 3 feer death	1. DECEASED NAME FIRS  (TYPE OR PRINT)  3. SEX	A RACE	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHO	AT) IF UNDER LYEAR IF UNDER 24 HRS.
deptin, rage 4	BIRTHPLACE (STATE OR FOREIGH	11. NAME OF HOSPITAL,	MARRIED NEVER A WIDOWED DIN NURSING HOME OR OTHER INST	VORCED TO BULLION	PRS COUNTY OF DEATH  L C
in 24 hours offer by filled in should be enable by	SULL RESIDENCE (IF NURSING TO 136 STATE 1136 CT 136		CE BEFORE ADMISSION) PRITOWN 13d INSIDE C	ITY LIMITS? 130 STREET ADDRESS / Z NO ST SAMIDEN NAME	d buldu
oe executed with	FORTO  LOG WAS DECEASED EVER IN U.S. (YES, NAOPUKNOWN)  (18, NAOPUKNOWN)  (18, YES, NAOPUKNOWN)	L. Ph	ASI TCCTRS CO AL SECURITY NO 17 INFORMA 4(-447) CONCE	FIRST MIODLE	Phillips 5. MACYLAND
equires that the death certificate is good by the attending physici Then places remove carbon paper to burial, cremation, or removal.	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause los	DUE TO, OR AS A CO	in Hernrich NSEQUENCE OF Thunk Tuke NSEQUENCE OF	TO THE TERMINAL DISEASE OR CONDIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  12 44.5.  244.5.  ION GIVEN IN PART 110
CCIAN The law rg g physician. erificate has beer rall-transit permit- ratal Hygiene prior tem 18 shows ony	190 DATE OF OPERATION  100 DATE OF OPERATION	IG 21b. TIME OF INJURY DF DEATH HOUR A.M. MON	WHICH OPERATION WAS PERFO		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NOTE: NITEM 18 PART 1 OR PART 2)
R ATENDING PHYS haspital or attendin RECTOR. After this or ed for use as the bur ept. of Health and Me fem 21 is marked or it	saw the deceased aliv	hospital) attended the deceased	19 8 and that in (my)	CITY OR TOWN  19 19 ta 7 19  (aur) apinion death accurred an the date	counity state  19  that (I) (we) lost and have and from the couses stated
ro Hospital of etoined by the TO Funeral Di should be detach with the State De IMPORTANT: If It	2214 PHYSICIAN'S NAME F. H. GE	ister	22 ADDRES	is Green Str Bu	
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	230. BURIAL, CREMATION, REMC (SPECIFY)  BURTAL  24 FUNERAL DIRECTOR  NAME  NAM	9-18-85	BETHEL  DORESS  LIBYLHICE, DE	25a. DATE REC'D. BY REGISTRAR 25b	COUNTY STATE WICONTCO MD REGISTRAR'S SIGNATURE TANA DAVIDSON-RONDE

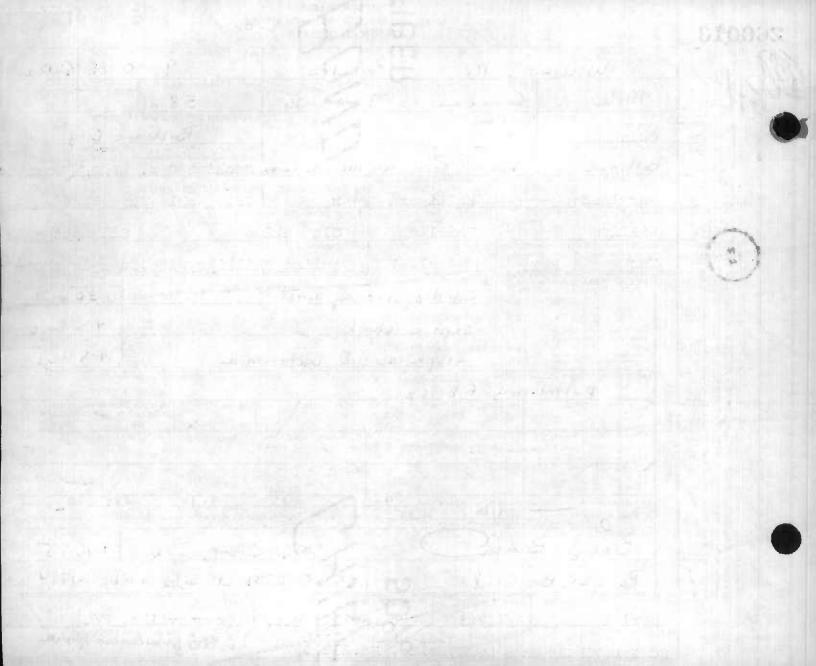
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STATE OF MARYLAND

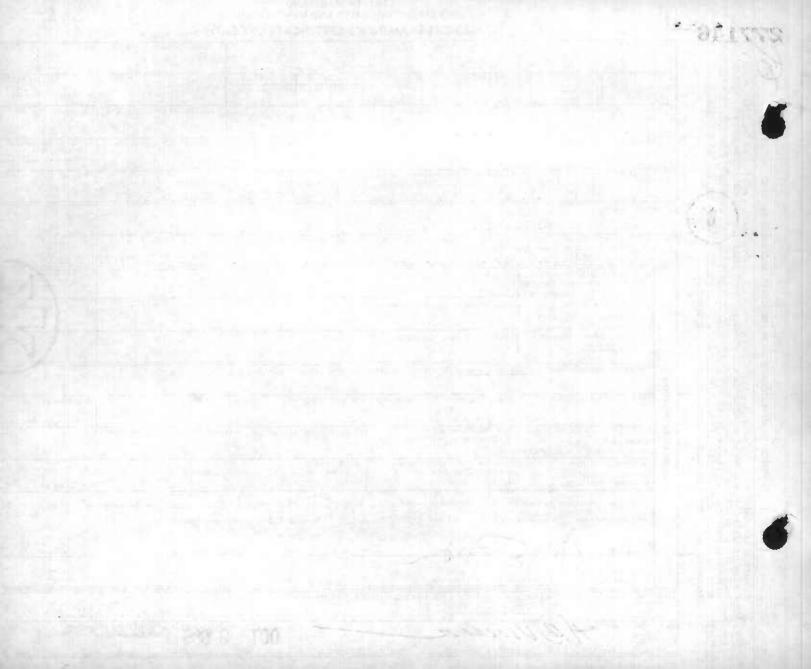


(VRA 15. 4)

29,4622



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TE MONTH DAY 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED SEPT 30 19 85 WILBUR PHYLES. HARRY JR. 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR MONTH YEAR LAST BIRTHDAY) PRONOUNCED 8:10 AM MALE WHITE 1985 NOV. DEAGEPTEMBER 2, 1956 28 YRS a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY BALTO. MARYLAND WIDOWED DIVORCED U.S.A. Baltimore City 17a LISUAL OCCUPATION (TYPE OF WORK 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore University Hospital STUDENT TNST USUAL RESIDENCE LIF IN NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 21201 13a STATE 131 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND YES NO X ARNOLD 1413 MARINER DRIVE 21012 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST WILBUR H. PHYLES, SR. (LIVING) DORIS V. UTZ (LIVING) 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES! YES .29 74/4.8.75 220.66.2001 MRS. SUSAN J. PHYLES (WIFE) SAME AS #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH-WAS CAUSED BY IMMEDIATE CAUSE (a) Thoracic trauma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER: Ihr.
ICATE, WRITING
E FORWARDED TO The.
TOR: PAGE 3 SHOULD BE US...
"ATE DEPARTMENT OF HY
PAGE 10 SHOULD BE US...
TOR: PAGE 10 SHOULD BE US...
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PAGE 11 SHOULD BE US...
"ATE OF THE US.. YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING COR CONTRIBUTING CAUSE OF DEATH 2:41xx 9-30- 19 85 Driver of auto/fixed object impact. 21e PLACE OF INJURY (ATHOME, 21f. LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DBATH, WILL THE STATE DEE BATTIMORE, MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC.) WHILE AT WORK road New Tick Neck & Mountain Rds. Anne Arundel .W. 27a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Accident X death resulted from Hamicide \_\_\_ Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-30-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY OCTOBER 03, BURTAL GIEN HAVEN MEMORIAL PK. GLEN BURNIE A.A. MARYLAND 07/84 4 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) SINGLETON FUNERAL HOME GLEN BURNIE, MARYLAND



FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	RESIDENCE (a walk of the course per line for 19 th and 1	REG. NO.				
	CEASED NAME FIRST	MIDDLE Cloyd	O <sup>LAST</sup> /	2a. DATE	OF DEATH MONTH	DAY YEAR 76 HOUR
(TYPE	E OR PRINT)	Colon	16/2	Pile 16	SEPT '8	35 ZZ18 M
3 SE	x I	RACE	5. DATE OF BIRTH	6. AGE (	N YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
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	TH /	USA	WIDOWED DIV	DRCED 🗌	Baltimore	CNV MD.
10 C	ITY OR TOWN OF DEATH				L OCCUPATION	176. KIND OF BUSINESS OR
1	Altimore!		2 // 01			septic tank
USU	AL RESIDENCE (#			- 100	WOTRET	popere came
		y / 13c. CITY OR TOW		_ 0 =	T ADDRESS / ZIP COI	- 171711A
	MI WASI	why for MAGERSE		400	5 MON K	0/21/90
14. F/	ATHER'S NAME	IDDLE LAST			WIDDEE	LAST -
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16a \	WAS DECEASED EVER IN U.S. ARA	NED FORCES? 166. SOCIAL SECU	JRITY NO. 17. INFORMAN	T	ADDRESS	NEW TOWNS AND ADDRESS OF THE PARTY OF THE PA
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		DUE TO, OR AS A CONSEQU	He Depte	USION		The No. Commence
200		(c)			ASS OR CONTRIBUTION O	DIVISAL IN LOADY )
z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT MOT HELATED I	O THE TERMINAL DISE	ASE OR CONDITION G	EIVEN IN PART ITO
CERTIFICATION					Lan Is in	VEC. MEDE EN ID IN LOCALISTS
S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 200 Al		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
TE	16 Sept 85	House HOR	Tic Bisseci	YES [	NO	YES NO
E.	210. ACCIDENT WAS UNDERLYING	LIGHT A M. MONITH D	21c. HOW INJ	URY OCCURRED (ENTER	NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
		n l				
		r.m.	17			
2		21e PLACE OF INJURY	21f LOCATION	7		
MEDICAL	21d INJURY OCCURRED			٧	CITY OR TOWN	COUNTY STATE
MEDIC	21d INJURY OCCURRED			ot-	CITY OR TOWN	- Re-
MEDIC	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC ) STREET	19_85_10_	16 891	19 <u>85</u> that (II (we) last
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MEDIC	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK  The Learning that the hospital and the deceased allowers.	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET  STREET  STREET  STREET	19_85_10_	16 891	19 <u>85</u> that (II (we) last
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BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

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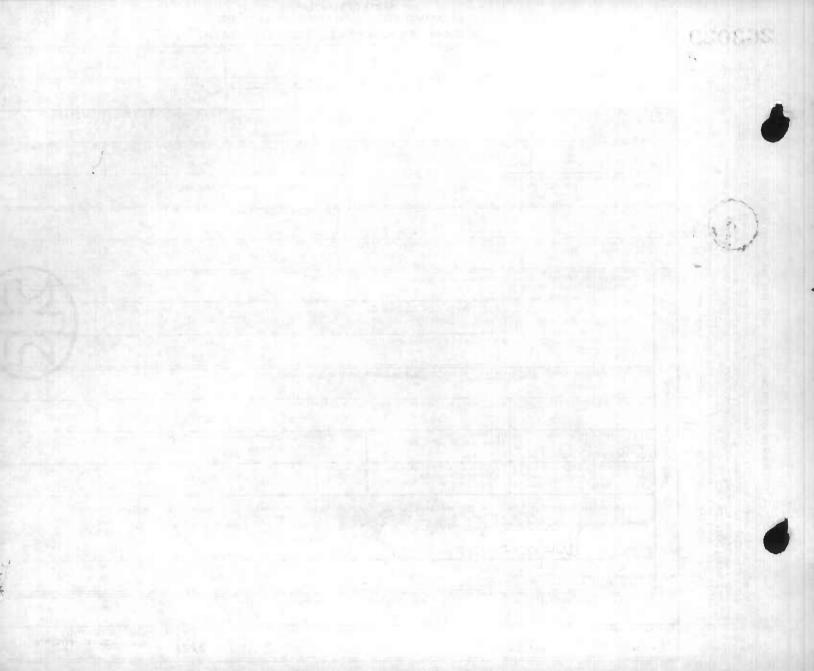
230 BURIAL, CREMATION, REMOVAL (SPECE)
burial

415 E. Wilson Blvd., Hagerstown, Md. 21740

Sept.19,1985 Rest Haven Cemetery

234 NAME OF CEMETERY OR CREMATORY

133d LOCATION COUNTY Hagerstown, Wash. Maryland



5	ens.	- 1	O	

FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENES 3	
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	10
ORLAN	DO B	PINO	9	17 85 3:15A
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS
MALE	NERGO	5 17 23	62	YRS
To BIRTHPLACE (STATE OR FOREIGN	. 76 CITIZEN OF WHAT COUNTRY?	MARRIED XXVEVER MARRIED	9. BALTIMORE CITY OR CO	
NEW YORK, N.Y	USA	WIDOWED DIVORCED	BALTIMORE	lity ME
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ( ADDRESS)	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WO	RKING LIFE) USTRY
DALIO	VAMC, Baltimore	/ /	RETIRED	
136 COL	DROTHER INSTITUTION, GIVE RESIDENCE BEFOR JUNTY 134 CITY OR TOW		13e STREET ADDRESS / ZIF	CODE 7/2/5
TID.	BALTO.	YES X NO	14524 FINNE	Y AVE
14 FATHER'S NAME	MIDDLE D LAST	15. MOTHER'S MAIDEN N	AME	LAST
JESUS	PINO	EDUVIGIS		
140 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES)		ADDRESS	
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18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	anly ane cause per line for (a), (b), ar		^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (0) HOTE	Upper 67 Blee	(U	
	DUE TO, OR AS A CONSEQU			
Canditians, if any, which gave rise to immediate	(b) PUTC	1 Hypertension		
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU			
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-	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDING	JN GIVEN IN PART ITO
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 201	b. IF YES, WERE FINDINGS USED
THE			YES NO	CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	
OR CONTRIBUTIONS CALIFE OF R		AY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE D	(AT HOME STREET, FACTORY OFFICE	FARM, ETC ) SIREE!		3141
220.1 certify that XIX this has	pital) attended the deceased fram_	9/2/ 19 85	. 10	19 85 that (we) las
saw the deceased alive a above, (iX we) (did) (dXdX	view the bady after death	, and that in XX (aur) apinio	n death accurred an the date o	and haur and fram the causes stated
22b SIGNATURE		DEGREE		22c DATE SIGNED
Allen Wel	ema NO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	₩ .
774, PHYSICIAN'S NAME (TYPE		22e ADDRESS	and the second	
ALLEN	SOLOMON	VAMC, Balti	more, Maryland	1 21218
23a BURIAL, CREMATION, REMOVA	9-20-85 G	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
DURIAL	9-20-85 G	ARRISON FOREST	VET. CEM O	WINCO MILLO M.
24 FUNERAL DIRECTOR DVE	TT /1600 LIDERT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATE REC D. BY REGISTRAR 256	RECISION SIGNATURES, ITI

DHMH - 16 60M 7/84

(VRA 15, 4)

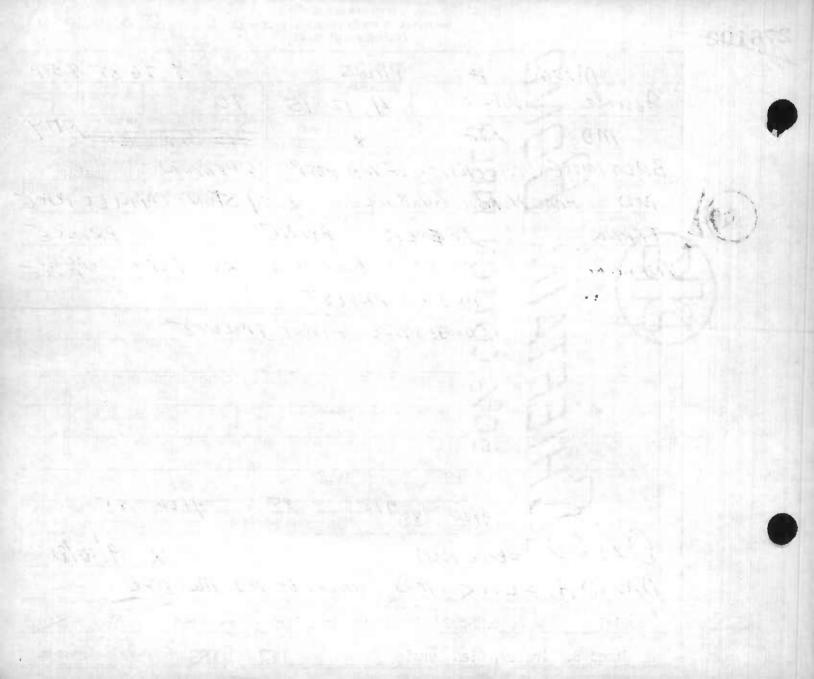
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DHMH - 16 60M 7/84

(VRA 15, 4)

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Н		Conditions, if any, which gove rise to immediate	(b) CONG	37100	7)61	110/	111-1-1		-		_
Ш		couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF							
		underlying cause lost.	(c)						1		
		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
	ő										
ř	AT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORM	NED	20a AUTOPSY?		WERE FINDI		
	五		E 2 T				YEST NOT	YES	ING CAUSES	OF DEATH?	
-	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJU			1.0	
r i		OR CONTRIBUTING CAUSE OF DEATH	LIGHT A TE TOURIST	DAY YEAR		M OCCOME	CENTER HATORE OF THE				
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE 'FARM, ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	51A1	E
Н	2	AT WORK AT WORK			2						
9		22a I certify that (I) this haspital	ottended the deceased f	rom	3	19 85	to	26	98	that (I) (we)	lost
		saw the deceased alive an	9/26	19 85 on	d that in (my) (or	ur) opinion de	ath accurred on the d	ate and hour	and fram the	couses stated	d
		ve, (I) (we) (did) (did not)	view the body after death.		DEGREE				THE DATE	SIGNED	
		( ) and (1)	+Oin ax	1	ATTI	ENDING _	MEDICAL STA	FF N	9/2	105	-
_		0 - 0 - 0	1 year 100			YSICIAN [	DIRECTOR PHYSIC	IANIA	11-1	100	
			RINT	-	22e ADDRESS						
		224 PHYSICIAN'S NAME (TYPE OR P	T	14 1	11.11.	ne	000 1601	0,00	,		
		DAVIDA.	FLICK	MU	UNIV.	DF 1	MD HOSO	PITA			
	230 B	DAVIDA.	FLICK 23b DATE	M L)  23c NAME OF C	UNIV.		23d LOCATION	PITAC			
	23e B	DAVIDA.	FLICK 23b DATE			MATORY	23d LOCATION CITY OF TOWN		COUNTY	MĎ <sup>1</sup>	E
		DAVIDA.  SURIAL, CREMATION, REMOVAL  Burial	FLICK		UNIV.	MATORY	23d LOCATION	ie	ÄÄ		E
		DAVIDA.  BURIAL, CREMATION, REMOVAL  BURIAL  BURIAL  JUNETAL DIRECTOR	FLICK 23b DATE	Glen Ha	ven Mem.	MATORY Park	Glen Burr	ie 25b. REGISTR	COUNTY AA RAR'S SIGNAT		



201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

								KLO. 14C					
	CEASED NAME	FIRST		MIDDLE	l l	AST	20 DATE O	FDEATH	HINOM	DAY	YEAR	26 HOL	UR
11116	M.	ICHAEI	J. T.	ohn	PLU	IM	SEPTI	EMBER	2.4	19	85	ha.	35 PM
3 SE	Х	1	RACE		5. DATE C			YEARS LAST BIRT			RITYEAR	IF UNDER	
.,	Male		Whit	e	Apri	1 13, 1985			YRS	5	24	HOURS	MIN.
M B	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED \$	9 BALTIMO	ORE CITY OF	COUNT	Y OF DE	ATH		
	agerstown	Md.	U.S.		WIDOWE	DIVORCED	BALT	TIMOR	E CI	TY			MD.
	ALTIMORE	1	CIE NOT IN SUC	HOSPITAL, NURSING HEACHTY GIVE STREET A DHNS HOP	ADDRESS)	HOSPITAL		OCCUPATION OF THE PROPERTY OF			KIND O USTRY	F BUSIN	ESS OR
13a. S	AL RESIDENCE (IF NUR! STATE Md .	Washi		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Hagersto	V	13d INSIDE CITY LIMITS? YES NO	13e STREET 405 C	ADDRESS /	ZIP COD 1 Ave	enue	21	179	10
	ohn	E.	DLE	Lewis		15 MOTHER'S MAIDEN NA Aleesa	ME	J.		P:	lum	T	7
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	7770	ADDRE	SS HAC	ERS	rown	Md.	21740
and the same	NO OR UNKNOWN	(IF YES GIVE W	AR OR DATES)			Aleesa J.	Plum	405	Corne			na.	21740
CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), statir underlying cause  PART 2 OTHER SIGN  199 DATE OF OPERA	mediate ng the last	NDITIONS CO		MEATH BUT	MEMTA  SS STOS  NOT RELATED TO THE TERM  IN WAS PERFORMED	AINAL DISEAS		20b. IF YE	S, WERE	E FINDIN	NGS USE	
TIFE							YESX	NO		ES [	AUSES	OF DEA	
	2)a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM TB	PART I OR	PART 2)		
MEDICAL	21d. INJURY OCCURI	ANE 🗀	21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC )	21f LOCATION STREET		CITY OR TOV	WN	co	PUNTY		STATE
	22a I certify that (1) saw the decease abave. (1) (we) (1)	ed alive an did) (did nat) v	rew the bady	2319_	8,5	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS, 104104	death occurre	STAF	FIAN	ur and fi	am the	that (I) (causes st	(we) last tated
23a 8	BURIAL, CREMATION,	REMOVAL	Closk	1 23c. N	2,	EMETERY OR CREMATORY		CFE .	m C	32			

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial Sept. 27, 1985 Macedonia Cemetery Greencastle Franklin Pa.

14 FUNERAL DIRECTOR MINNICH FUNERAL HOME
ADDRESS
415 E. Wilson Blvd., Hagerstown, Maryland 21740

196		FOR STATE REGISTRAR		DEPARTA	CERTIF	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG				5	DEATH  Z, MD.  IZE KIND OF BUSINESS OR INDUSTRY  DUE 21212  LAST  SON  AVENUE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  R  IN PART 110  ERE FINDINGS USED G CAUSES OF DEATH? NO  OR PART 2)  COUNTY STATE	
or, page 3		9 1	EEN A RACE 2	P	5 DATE C		ER YEAR.	7.		BIRTHDAY)  BIRTHDAY  BIRTHDAY  BIRTHDAY  BIRTHDAY  BIRTHDAY  BIRTHDAY  BIRTHDAY  BIRTHDAY  BIRTHDAY  MD.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  BIRTHDAY  BIRTHDAY  MD.  BIR			
Tuneral directs	t.	RIHPLACE Barbados COUNTRY) Michaels, TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT  BWI  11. NAME OF HOSPI	TAL, NURSIN	WIDO WE		ORCED	BAL 120 USUAL	TIMOF OCCUPATI	RE CI	TY,	(IND OF B	
(3)	USU.  30	ALTIMORE ALRESIDENCE (IF NURSING HOME OF STATE ATTENDATION OF STATE OF STAT	NOTHER INSTITUTION GIVE RENTY 134. C		AN H	OSPITA  13d INSIDE CI  YES X  15. MOTHER'S	TY LIMITS?	13e STREET 5604	ADDRESS /	ZIP COD	E		212
ion and amplifics. Pages of distributions for the medical contractions and the medical contractions are also and the medical contractions and the medical contractions are also also and the medical contractions are also also and the medical contractions are also and also also and also also are also also also also also also also also		NO	ZE WAR OR DATES) 21	OCIAL SECU	0123	Carlo 17 INFORMAI Micha	NT	orter		ESS	ıdy	n Aven	
ned by the attending physypies remove corbanpop please remove corbanpop urial, cremation, or remova v, or other traumatic event,		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A	ERM CONFOUE	NCE OF	DLO	N -			2	CER		T AND DEATH
e hos been sig sit permit. Then giene prior to b hows ony injuri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION		OPERATIO			YES 🗆	NO 🗆	IN CERTI	FYING C	AUSES OF	DEATH?
ter this certification is the burial-train hand Mental Hyurked or Item 18 sirked or	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK		JURY	19	21f LOCATIO STREET		RED (ENTERN		m		4.3	STATE
FERAL DIRECTOR: Af see a see detached for use a State Dept. of Health		22a   certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no 22b) SIGNATURE	it view the body after of	19_		EGREE A	TTENDING PHYSICIAN	MEDICAL	REG. NO.  TE OF DEATH MONTH DAY YEAR 26 HOUR AS A 130 A 150				

236 NAME OF CEMETERY OR CREMATORY

St.Michael's Row

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Wm C March F/H Inc. 1101 E North Avenue

9/18/85

23b. DATE

230. BURIAL, CREMATION, REMOVAL

SPEBURIAL

24 FUNERAL DIRECTOR

250. DATE REC.D. BY REGISTRAR 25 DEGISTRAR 3 SIGNATIONS COMP.

St. Michaels Row, Barbados

23d LOCATION

FOR

I. DECEASED NAME

REGISTRAR

BURTAL

- STATE

LIYPE OR PRINTS

277095

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR 85 IF UNDER I YEAR YEAR 09 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 12 AIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 4741 Alhambra Ave. NO MIDDLE ADDRESS 17 INFORMANT Bernice Howel Sam APPROXIMATE INTERVA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART T OR PART 2) 211 LOCATION COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN | DIRECTOR | PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY Maryland Baltimore 10/2/85 Baltimore

24 FUNERAL DIRECTOR W.C. March F/H Co. 1101 E. North Ave.

REGISTRAR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D. BY

17 Part 2 Fall - 12 Part 2 Fall - 12 and the state of t 252106

- STAT

3. SEX Male

DECEASE LIVE OR PRIN

	STATE OF M.		e 100
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE &
	DTICLEATE	OF BEATH	

NES 5 2 5 4

STRAR		CERTIFICATE OF DEATH	REG. NO.		
DNAME FIRST	WIDDLE	POWELL	September 2,	1985	26 HOUR
	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HE
	White	2 17 193	5 50 YRS	MONTHS DAYS	HOURS M
ACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED K NEVER MARRIED			
gia	U.S.A.	WIDOWED DIVORCED	□   Baltimore City	У	
TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS

6	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ARRIED X NE	VER MARRIED	9 BALTIMORE CITY OR COUNTY O	F DEATH	
1	Georgia	U.S.A.	WI	DOWED	DIVORCED	Baltimore City		MD
200	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HO	ESS)	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		
-	Baltimore	6439 F	Hartwait_St:	reet		Assembler	General	Motor
I.	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU		GIVE RESIDENCE BEFORE ADMI 13c CITY OR TOWN Baltimore		IDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6439 Hartwait St	treet	21224
	14 FATHER'S NAME FIRST Marion	MIDDLE	Powell		HER'S MAIDEN NA/	ME MIDDLE M.	Jarrie	1
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	220-30-464		y E. Powe	ADDRESS Same	as 13e	13
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI	ED BY: TE CAUSE (0)	malifnent  RAS A CONSEQUENCE		thelioma		APPROXIMATE BETWEEN ONSE	T AND DEATH

18. CAUSE OF DEATH. Enter only one couse per line for to [th. and ic]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiplimit

DUE TO. OR AS A CONSEQUENCE OF

Conditions, if ony, which gave rise to immediate cause (b), stating the underlying cause lost.

DUE TO. OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from

sow the deceased alive on obove. (I) (we) (did not view the body alter death.

DEGREE

ATTENDING

MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN DIREC

22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OF PRINT

CHI-SHIANG CHEN

100 N. BROADWAY

BALTIMORE, MD 21231

236 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY
Burial 9/5/1985 Lakeview Memorial

23d LOCATION
CITY OR TOWN
Sykesville

Maryland

DHMH - 16 60M 7/B4 24 FUNERAL DIRECTOR

BP.

should be detached with the State Dept

MPORTANT

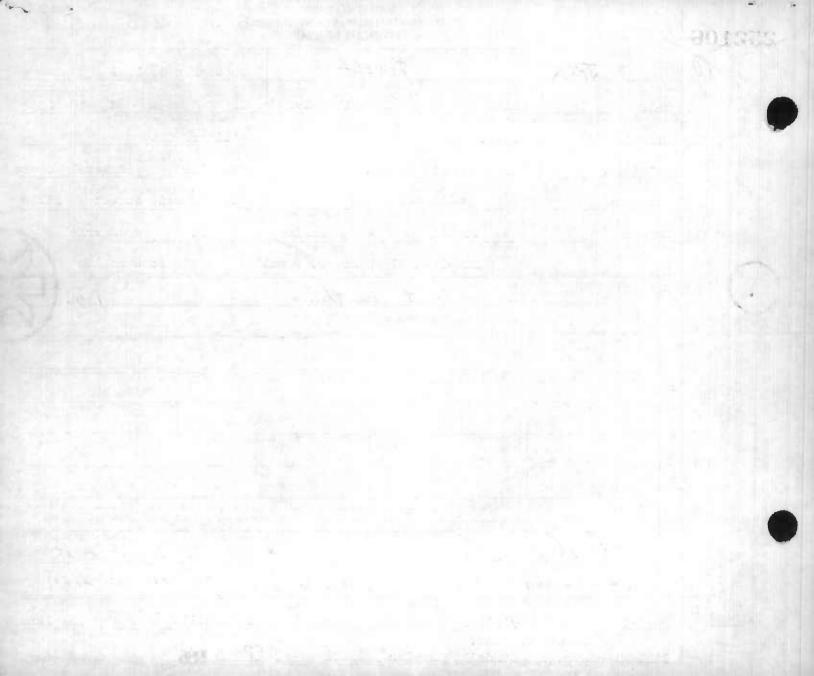
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7922 Wise Avenue Dundal

Dundalk, Maryland 21222

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

rune Barreron Bando co

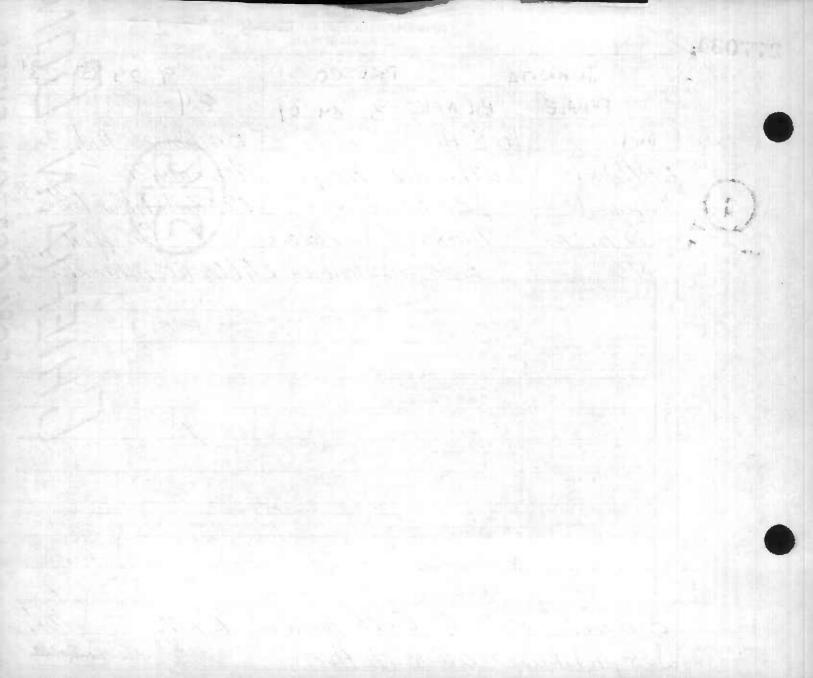


FOR

THE UT MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

77034	Ł	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	<b>~</b> 1 1 4 6
E 4 6		CEASED NAME FIRST OR PRINT) JUAN	MIDDLE	PRESCO	26. DATE OF DEATH MONTH	29 85 234
ge 4 moy ector, pog irs offer do	3 SE	FEMALE	BLACK	5. DATE OF BIRTH  MONTH  DAY  YEAR  24  01	6. AGE (IN YEARS LAST BIRTHDAY) YR	PLANDER CYEAR OF LINDER 24 HIS MONTHS I DAYS HOURS AND
oth. Po		MITA.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALLIMORE CITY OR COUNTY	e My City MD
111111111111111111111111111111111111111	0	Allimore	NAME OF HOSPITAL, NURSIN (IP) OT IN SUCH FACULTY, GIVE STREET	V HOSP.	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	SAN NOUSTER HUSINES OF
(1)	1	AL RESIDENCE (IF NURSING HOME OR OTH TATE COUNTY		ADMISSION) 13d. INSIDECITY LIMITS? YES NO	13e STREET ADDRESS / ZP CC	hburton St
130		DUNCAN	MAXWE	15 MOTHER'S MAIDEN MA	MIDDLE	Riffin
be ex s. Poges	16a \	VAS DECEASED EVER IN U.S. ARME res no or unknown) (IF yes, give w		4122 Mr. FRANK	1665 1808	Ashburton ST
physicion on poper emovol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: 0	NGESTING HEADL	T FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce I by the attending case remote corb a), cremation, or r		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	D 42 A	ONMY DENA	)
requires en signec Then pli injury, o	NOI	PART 2 OTHER SIGNIFICANT COM	CARCINO		AINAL DISEASE OR CONDITION	GIVEN IN PART 110
The low roon.  the has been it permit, liene prion hows ony	CERTIFICATION	190 DATE OF OPERATION 9/2/185	196 CONDITION FOR WHICH		YES NO NO IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \ NO \
PHYSICIAN: this certificate burial-trans		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)
\$ 5 5 6 \$	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OF TOWN	COUNTY STATE
ATTENDIN psprtal or ECTOR: Afr d for use o t. of Health m 21 is mor		226-1 certify that (1) (this hospital) saw the deceased alive on abave, (1) (we) (did) (did nat) v		ond that in (my) (our) opinion	deoth occurred on the date and	, 19, that (I) (we) lost hour and from the couses stated
AL OR the hall be be better the DIRECTOR of the Depter to Tr. If the Tr. If the tree to the tree tree to the tree tree to the tree to the tree tree tr		226 SIGNATURE  R. de 74.	Trancisis		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/21/15
TO HOSPITAL etoined by H TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OR PR	FICANCES CE	22e ADDRESS	730 ASB CLAR J 46 SA, THE	or mo
BP	230	DUBIAL, CREMATION, REMOVAL	236. DATE 10-4-85 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF OWN 15 A 16	COUNTY MAIL
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	DEPART DIRECTOR DEPARTS	SS 2333 /ADDRESS	of the Aug 250 DAT	TE REC'D. BY REGISTRAR 256 REC	STRAR'S SIGNATURE



49044	1	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 5	á	4 3
/	T.C	DECEASED NAME FIRST	MIDDLE		AST	to Date of Death	MONTH DAT		2b HOUR
oy be	, _	Sam			esti		9 1	85	5:32 M
2	1		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
B 88	1	M	W	7	15 1915	70	YRS		
mercol de mercol de mercol de	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNT U.S.A.	RY? B MARRIE WIDOWE	DI NEVER MARRIED DIVORCED	Baltimore City Of			MD.
2 2 2	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND O	F BUSINESS OR
to the	9	Baltimore			Caton Ave	Inspector	WORKING LIFE!		ral Motor
1 E 1 2	7 OS	UAL RESIDENCE   IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)		13e.STREET ADDRESS /	ZIP CODE		
2 100	2		timore Arbuti		YES NO X	4320 Highv		e. 21	1229
1 11 71	2/1	FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	1
2 28/8	10	Steve		esti	Catherin				ivelli
to be	7 160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE			
Page 1		NO NO		1-5020	Antoinette M	1. Presti 43	20 Hig	hview	Ave.
(1)		PART I. DE ATH WAS CAUSE	TE CAUSE (a)	atory	ourst.			BETWEEN O	MATE INTERVAL ONSET AND DEATH
		Canditians, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	e lose pro	umon'a		16	seek
that the secse of, certain		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	.0 .0	трсюту			270	2005
equires in signed Then pli r to burn injury, o	NO		CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	a
The low rection.  The low resist permit.  Glene prio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?
SKIAN: Ting physicing certificate priod-transificate ental Hygin Hem 18 sh	4	OR COLUMN CALLER OF OF	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	( OR PART 2)	
offending offer this of the burned on the burned of the burned Medical or the burned of the burned of the burned or the burned of the burned o	MEDICAL	216, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM ETC.)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
spitol or Spitol or CTOR: Ai Ifor use of Health		saw the deceased alive ar above, (!) (we) (did) (did no	ot) view the bady after death.	9 85.0	nd that in (my) (aur) apinian c	, to death accurred an the da			that (I) (we) lost causes stated
Y the hory the horal DIRE		226 SIGNATURE	balor	~ 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE 9/]	SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote		Michele Ce	GORDON	_		ne (St. Agnes	Hosp.	)	
E 5 F 2 > 7	230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
BP		Burial	9/5/85	Most Ho	oly Redeemer	Baltimore			Maryla
DHMH - 16 60M 7/84		FUNERAL DIRECTOR	ADDRE	55	21229 250 DS	REC'D. BY REGISTRAR			
(VRA 15, 4)		HIBPARD FINERAT.	OME INC 410	7 WILKET	IS AVE	FF 3 1985	Thisak.	Wason-	Handell.

00:			are a		
		1			
	jume id fall				
					ald el

FOR - STATE REGISTRAR DECEASED NAME

Female

Maryland

Baltimore

Maryland

4 FATHER'S NAME

No

TYPE NO OR HINKNOWNE

JO. BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

Frank

Conditions, if ony, which

gove rise to immediate cause (a), stating the

underlying couse lost.

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Elizabeth

(TYPE OR PRINT)

COUNTRY

30 STATE

3 SEX

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Price

YES Y

17 INFORMANT

CIBREBRAL VASCULAR DISILASIZ

5. DATE OF BIRTH

July 21

MONTH

WIDOWEDX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Union Memorial Hospital

STATE OF MARYLAND CERTIFICATE OF DEATH

YEAR

1889

FIRST

REG. NO 20 DATE OF DEATH MONTH 26 HOUR 11 SIEDTIEMBOR 1445 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F UNDER 24 HR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED [ 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Home Maker Own Home ige. STREET ADDRESS 13d INSIDE CITY LIMITS? 4637 Kernwood Ave. 21212 15. MOTHER'S MAIDEN NAME MIDDLE Olivia Havman ADDRESS Constance A. Price, Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SI TO IODAM

CERTIFICATION

MEDICAL

CURONANT 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21b. TIME OF INJURY PM

ARTIZAL

MIDDLE

Jones

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

Baltimore

Jones

216 14 4252

CVA

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

166 SOCIAL SECURITY NO.

USA

White

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

Thomas

8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (o)\_

22a I certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive an 23 MARCH

obove, (1) (version, (did not) view the body after death

Baltimore

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

015121513

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

29-445

DEGREE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

211. LOCATION

CITY OR TOWN 19 78 11507

20n AUTOPSY?

COUNTY

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

8 YEARS

STATE

	7	4	MAZ	M.O.
HYSI	IAN'S NAM	E (TYP	E OR PRINT)	

22e ADDRESS

3501 St. Paul St., Balto., Md. 21218

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Burial

J. Dixon Hills, M.D.

131 NAME OF CEMETERY OR CREMATORY Salem Methodist

23d. LOCATION Pocomoke City, Maryland

24 FUNERAL DIRECTOR

226 SIGNATURE

22d 1

Norman F. Dennis, Snow Hill, Maryland

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W.

00

DHMH - 16 50M 1/81 (VRA 15, 4)

STANDARD PARTIES MARCHES

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		FOR UNK.#85-71											
274092	501	1	REGISTRAR		ME		EXAMINER'S	CERTIFICA	ATE OF DE	ATH REG.	NO.		
	1		EASED NAME	FIRST		WIDDIE	riolieau	LAST		20 DATE KNOWN	XX MONTH	DAY YEAR	26 HOU
ES. ES.				Lloyd	1		(Priol	eau) Jr		DEATH MATED	□ 9-	23 19 85	
E STE STE	3	. SEX	4. RA	CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS IF U		UNDER 24 HRS.	PRONOUNCED	MONTH	DAY YEAR	1:50
ON STATE		m	ale bl	lack	8 5	66	19 YRS.	INS DATS H	HOURS MIN.	DEAD	9-	23 19 85	a.
RAL RAL HIIN	25		RTHPLACE (STATE OF	R	76 CITIZEN OF WI	HAT COUN	NTRY? B. MARE	RIED   NEVE	R MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
I IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS 01 W PRESTON STREET,	20	M.	aryland	0.41	U.S.	A.	WIDO		DIVORCED [	Baltimor	e City	,	M
LAY IS NO THE FI		ID CI	TY OR TOWN OF DI	EATH	11. NAME OF HOS		RSING HOME, OR OTH	HER INSTITUTIO		UAL OCCUPATION (	TYPE OF WORK	126 KIND OF BL	
PA PA	2	I	Baltimore				Chapel Str	eet	100	MOST OF WORKING LIFE	- //-	OK 1140031	N. f
2~40~		JSUA 3a. S	L RESIDENCE (IF IN I	113b COUNT	OTHER INSTITUTION, GI	VE RESIDENCE		13d. INSIDE CITY	LIMITES 122 STE	REET ADDRESS			
2 소유교수의	35		aryland	130 COOK			ltimore		NO [ 15]	le N. Dur	cham S	st. 212	213
MD. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	14 FA	THER'S NAME		WIDDLE		LAST	15 MOTHER	S MAIDEN NAMI	E MIDDLE		1454	
EAT PART E	DO	)	Lloyd		Priolieau, Sr.			Fani	nie	Br	Branch		
A LORA		160 V	AS DECEASED EVE	R IN U.S. ARA		16b. SO	CIAL SECURITY NO.	17. INFORMA	NT	ADDRE	SS		
A S S S S S S S S S S S S S S S S S S S	1		NO	(# 125, 5112	YAR ON DATES,	220	-80-4714	Lloy	d Priol	lieau, Sr.	.2323	Ashlar	ndAv
WIN WILL		D.	TE CAUSE OF DEA	ATH (Enter onl	y one couse per line	for (a), (b	), and (c).)	1.57				APPROXIMATI BETWEEN ONSE	E INTERVAL
N S HO	j l		PART   DEATH		E CAUSE (a)	Gunsh	ot Wound o	f Head	(ur	nspecified	)		
STO N STO	REMOVA				DUE TO, OR	AS A CO	NSEQUENCE OF						7.501
WITHIN WCIL IN INGR VITAL IN	SE		Conditions, if		(b)								
OI W. PI	ŏ		cause (a) statii lying cause las	ng the under-	DUE TO, OR	AS A CON	NSEQUENCE OF	-1					
XECUTE VG" IN SAL EX-	Š.		Tyring Coose los	<u></u>	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD, "PENDING" IN PENCIL IN 11EM. 18. GIVE PARCES, 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PA. PS. 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. PGESJ GAND 2, 8. E DEPARJMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL	CREMATI		PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1 10				
L RECOR	E SE	CERTIFICATION					1.1	4					
SHOULD SH	RIAL	CA	190. DATE OF OPER	RATION	196. CONDI	TION FOR	WHICH OPERATION V	WAS PERFORME	ED?			2B. AUTOPSY	
F VITA  TE SHOU  WORD  BE USE	2 4	RTIF										YES XX	NO 🗌
CATE STATE OF VIOLE O	23		UNDERLYING	OR WAS	21b. TIME OF HOUR A.M	. MONTH	DAY YEAR	IOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	T 21	
AR TO THE	SO S	MEDICAL	CONTRIBUTING	CAUSE OF D	21e PLACE		23 19 85 s		was shot				
CER	2	MED	WHILE NO	T WHILE XX	STREET, FAC	TORY, FARM, E	ITC.)	STREET		CITY OR TOWN	cou		STATE
THIS WAR	212		AT WORK AT	WORK	s s	treet			N. Char	pel St., B	altimo:	re,Mary	land
PAR. SATE	o l		220 I certify tho	took charge	of the remains del	cribed 6b	ove, held an Auto		nspection .	Inquiry .	ond in my op	inion	
AN MERCHAN	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		deoth resulted	m Natur	of courses A	3 dent	, (Suicide	, Homicide	e XX Under	termined monner	],		
WIND SEX	¥		ACTUAL /	091.	1 4	4	12 Mir	TITLE ISPE	CIFY)			0 00	0.5
CAL EXA THE CER SHOULD SATH, WILL	, ,		SIGNATURE	nu	W X	my	0110141	Assis	tant_MED	DICAL EXAMINER	DATE	9-23	-85
UTE S DE	\$		EXAMINER'S NAM	E Dor	nis F. Si	morth	M D	1	11 Donn	St., Balt	6M	. 2120	1
TO MEDICAL EXAMIN EXECUTE THE CRITIFIC PAGE 4 SHOULD BIRECT TO FUNKRAL DIRECT AFTER DEATH WITH TH	AL	00 5	(TYPE OR PRINT)			-		- ADDIKESS			J., FA	. 2120	T
FW@F4	ш :	230. BI	PURIAL CREMATION	, KEMOVAL 2	9/30/85	23c	edar Hill	Cemet	tery AT	nne Arund	707 COE	o, Mds.	TATE
07/84 BP			JNERAL DIRECTOR						-				
DHMH - 17 (VR A15 ME (		W	marc Marc	ch F/H	Inc ADDRESS	101	E North A	Avenue	SEP 2	7 1985 30	GISTRAR'S SI	of the second	260
(STATE)	3))			-,			_ ~ 1						

DHMH - 16 60M 7/84

268134

(WRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

ı.	REGISTRAR				CERTIF	ICATE OF	DEATH	RE	G. NO.				
	CEASED NAME	FIRST	,	AIDDLE		LAST		20 DATE OF DEA		ONTH	DAY	YEAR	25 HOUR
TIVPE	OR PRINT)	BURN	E	E.	PRIV	ETTE		SEPTEME	ER	19	.198	35	09:00
3 SE	Х		4 RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS LA	ST BIRTH		IF UND	ER I YEAR	IF UNDER 24 HRS
M	ale		Black		MONT!	13	45	40		YRS	MONTHS	DATS	HOURS MIN.
7a. 81	RTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY?	8	DXX NEVER		9 BALTIMORE CI	TY OR		Y OF D	EATH	
	N.C.		USA		WIDOW	_	VORCED T	BALTIM	10R	E CI	TY		WD
U CI	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME			120 USUAL OCCL	JPATIO	N	126		F BUSINESS OR
BA	LTIMORE	/		HEACILITY, GIVE STREET OHNS HOL		HOSP	ITAL	(TYPE OF WORK FOR A	IOST OF V	NORKING L	IFE) IN	DUSTRY	
USU	AL RESIDENCE (IF NO	JR OR OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE C	ITV I I MITCO	13e STREET ADDR	rec /:	710 000			
7	Md.	1720	11	Wood lawr		YES V	NO [	3504 Me				21	207
JA:FA	ATHER'S NAME					15 MOTHER	S MAIDEN NA	ME	•	y La	ne	100	BS-27 I INV
	E d	^	Pri	vette			FIRST	WIDI	DIE			LAS	JT.
	WAS DECEASED EVE		MED FORCES?	165 SOCIAL SECU	RITY NO.	17 INFORMA	INT	A	DDRES	S			Mark Street
	YES NO OR UNKNOWN	1	tnam	217-40-4	1171	Hatti	e Prive	350	4 M	elod	y La	ane	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARDIAC ARREST										1 7	MINUTE	
	DUE TO, OR AS A CONSEQUENCE OF										5 7		
	Conditions, if any, which ( 16) RENAL FAILURE									1 0	WEEK		
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
	underlying cause last. (c) ACUTE MYELOFIBROSIS									1	HOUTH		
,	PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	HYPOALBUMINEMIA							- 37 - 38 7					
ICA.	190 DATE OF OPER	ATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206. IF YES, WERE FINDINGS U						
RTIF								YES X NO			ES 🗌		NO 🗌
	210 ACCIDENT WAS U		216. TIME O HOUR A.		AY YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTER NATURE O	FINJURY	IN ITEM 18	PART I OF	PART 2)	
MEDICAL	(IF EITHER NOTIFY ME	DICAL EXAMINER)	P./		19			reserved to					
MED	21d. INJURY OCCU	WHILE	(AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET		CITY	OR TOWN	И	cc	YTAUC	STATE
	AT WORK AT W	VORK				1	67.69		+				125
	22a 1 certify that saw the deced			deceased fram_	25	15	19 85	, to	1	1	19		that (I) (we) last
	above, (1) (we)	(did) (did nat	view the bady	after death.			(aur) apinian a	death accurred on t	ne date	e and ha			
	276. SIGNATURE	H. Ye	word	nain		DEGREE	ATTENDING	MEDICAL	STAFF	/	- 12	2c. DATE	3/19/85
	PHYSICIAN DIRECTOR PHYSICIAN 7										1/19/05		
	HAGAD MANGE OF TANK									RALT	MOR	E MD	
22- 0	TIPLAL CREATER				14115 05 6					, 4	3466	TION	, 111
	BURIAL, CREMATION (SPECIFY) Burial	Y, KEMOVAL	23b. DATE			EMETERY OR		23d. LOCATION			COUP	414	STATE
	JNERAL DIRECTOR		9/24/8	55 [6d	rr150	n Fore		Owing					LIRE
	Wm C Mar	ch E/h	Inc. H	ADDRESS	1.1	a la . ^	SE	P 23 1985		who I	David	301-1	andelli
	WIII C Mar	CH F/H	, INC WE	:St 4300	Maba	sh Ave		500	- (1)				

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.		
	CEASED NAME FIRST	MIDDLE		IAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(I	Deazimerie)	Hilda	Pry	zor		September	23	1985	M
3 SE	X	4 RACE	5. DATE C			6 AGE IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Black	2	3 DAY	22	63	YRS	MONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER	ALADDIED IX	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	Maryland	U.S.A.	WIDOWE		NORCED	BALTIMOR	E C	rπv	MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME			12a USUAL OCCUPATI	ON	126 KIND C	OF BUSINESS OR
E	Baltimore	2022 East	Biddle	Stre	et				
	AT RESIDENCE IN NURSING HOME O			1 13d. INSIDE (	CITY LIMITED	13e STREET ADDRESS	/ 71D COF	)E	
The same of	ryland		imore	YES X	NO [			le St.	21213
	ATHER'S NAME	I- Darc	THOLE		S MAIDEN NAM		oraa.	e st.	21213
	FIRST	MIDDLE LAST			FIRST	MIDDLE		LA	ST
_	James	Pryor		Emm				Bundy	
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMA	ANT	ADDRE	55		
	Inknown	217-1	4-6853	Sara	h Wils	on 2022 E	. B:	iddle s	Street
	18 CAUSE OF DEATH (Enter p	nly one couse per line for 101, (b	\ and (c )						ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	ED BY:	nary a	oton.	disen	ol.		-	548
	IMMEDIA	TE CAUSE (0)	1000	- surg	Lorden	30		10	711
	DUE TO, OR AS A COMSEQUENCE OF								
	Conditions, if any, which	(b) Cl7 G	HELLES	melle	art				
400	couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF						446
	underlying cause lost	(c)	3,6-0						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION G	(VEN IN PART 1	a
No	chomic of	Thursting, nu	/mman	us de	sease				
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	10		200 AUTOPSY?	120b. IF Y	ES, WERE FINDI	NGS USED
문						-	IN CERT	IFYING CAUSES	OF DEATH?
F				A comment		YES NO	1	res 🗌	ио 🗌
	2] a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
18	HE EITHER NOTHEY MEDICAL EXAMINE		19						
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATI		CITY OR TO	WN	COUNTY	STATE
¥	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)	SIREE		Cirronio	,	COUNTY	STATE
	22a.1 certify that (I) (this hasp	oital) attended the deceased from	3m	Jan	_ 19 76	_, to	1	19.45	that (I) (we) last
	saw the deceased alive or above, (1) (we) (did) (fild no	of view this body after death,	9 85, 0	nd that in (my	(our) opinion d	death occurred on he d	ate and ha	our and from the	causes stated
	22b. SIGNATURE	517 year the body-effer death.		DEGREE	-			The DATE	SIGNED -
	Withers	The	he D		ATTENDING	MEDICAL STA		9/3	24/85
1	220 PHYSIGIAN'S NAME (TYPE	OR PRINT	10	22e ADDRES		7	1	1/-	1.
	Nahort T	Smith		1111	1 Fa	cas (tro	10-1	R.	14
	LODE!!			100	U Lac	yel silve	~~	1200	(10
	BURIAL, CREMATION, REMOVAL	- / /	23c. NAME OF C			23d LOCATION		COUNTY	STATE
	URIAL	9/26/85	Eastvi	Lew Me	m. Pk.	Baltimo	re,		Md.

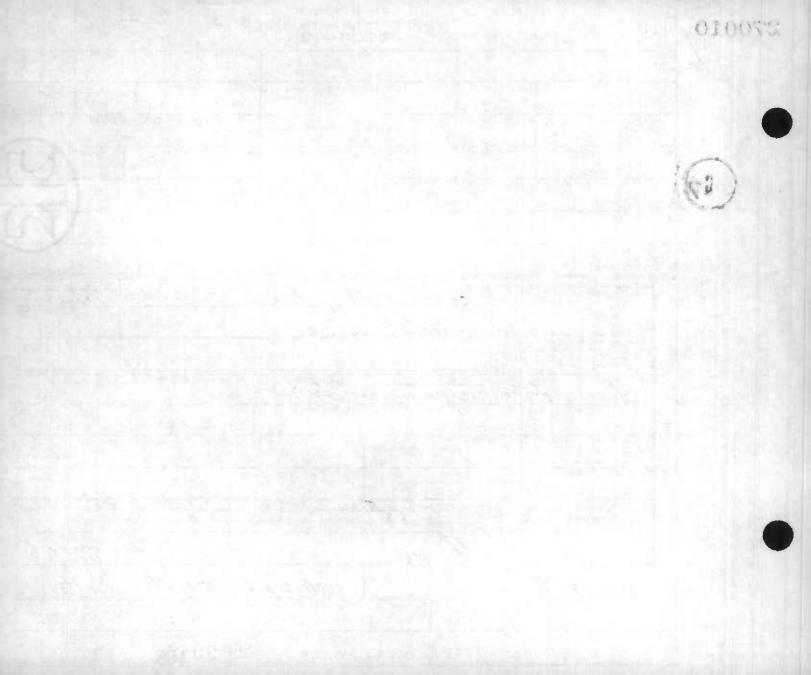
DHMH - 16 60M 7/B4 (VRA 15, 4)

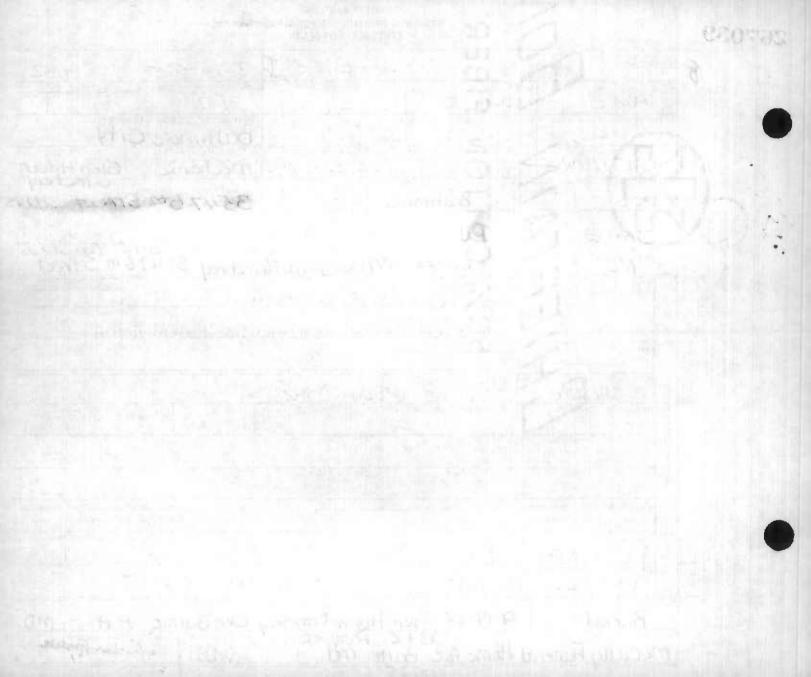
C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SEP 25

24 FUNERAL DIRECTOR



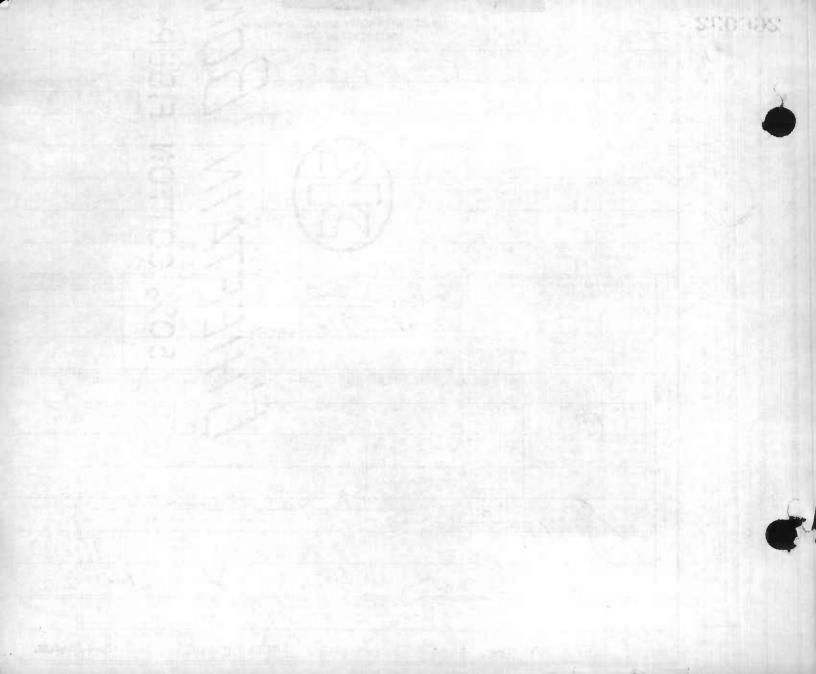


FOR

SOME TO SEE Sometiment through the time of the contract the state of and the state of t we is assistant

(VRA 15, 4)

STATE OF MARYLAND



269046

 STATE	0F	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO In DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 357 CMITTH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MANAGER 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 7017 MARIETTA AUE IS MOTHER'S MAIDEN NAME

MIDDLE

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE

4 RACE

Baltimore

Quillen

William

CAUCASION

Sally

Lewis

WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) No

ISTATE OR FOREIGN

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINTS

n BIRTHPLACE

Maryland

FATHER'S NAME

FIRST

John

CITY OR TOWN OF DEATH

3 SEX

166 SOCIAL SECURITY NO.

17 INFORMANT

213-05-8020A Susan Q. Irons, 11 Durness Ct. 21236

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ( Riching IMMEDIATE CAUSE (a)\_ Conditions, if ony, which

Albert

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 21.85

gove rise to immediate couse (a), stating the

underlying cause last.

216. TIME OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY 21e PLACE OF INJURY

211 LOCATION STREET

18-

STATE

MEDICAL NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram\_

(AT HOME STREET FACTORY OFFICE FARM ETC.)

CITY OF TOWN

saw the deceased alive on U9 - 21 above, (1) we) (d)d) (d)d nat) view the bady after death 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

Belto. mis 21206

230. BURIAL, CREMATION, REMOVAL

6009 Harford Rd., Balto. Md.

23c NAME OF CEMETERY OR CREMATORY

21214

Baltimore

and that in (ppy) (aur) apinion death accurred an the date and hour and from the couses stated

Md.

\$ept.25,1985 Loudon Park ROBERT CR. ALTENBURG FUNERAL HOME, INC.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

Julia Davidson- Handale

DHMH - 16 60M 7/84 (VRA 15, 4)

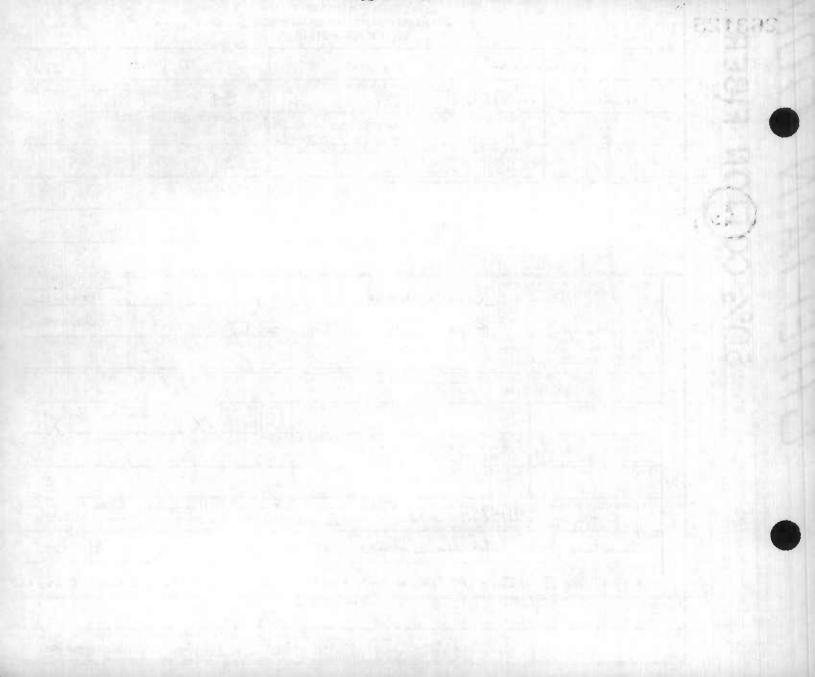
00

			FOR	-22d 10/	21/03 1111.0		MENT OF		AARYLAN I AND MI		YGIENE."	2	5 0	5 4	
75.			STATE REGISTRAR				EXAMIN				2 2	REG.	NO.		
5	3009		CEASED NAME PE OR PRINT)	ROG	FR	MIDDLE		RAGL	AND			OATE KNOWN OF ESTI- EATH MATED	X MONTH	DAY YEAR	7b HOUR
> > 2	、學師工艺	3. SE	MALE	BLACK	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR LAST BIRTHDA	RS IF UN	VDER I YR.	IF UNDER	MIN PRO	DATE NOUNCED DE AD	9-12	-8519	2d HOUR 1:25R
NEGA SEP	NERAL FOR YOUTHIN	a. B	IRTHPLACE (STANCE (STANCE)	TE OR	76. CITIZEN OF WE	IAT COUN		2	IED NE	VER MARRIE DIVORCE	ED X	ALTIMORE CITY Baltimor	OR COUNTY	OF DEATH	MD
N > 4 8			Baltimo	FDEATH	St. Agne	PITAL, NU	RSING HOME	, OR OTH	IER INSTITU	TION	12a USUAL O	OCCUPATION (1 OF WORKING LIFE)	TYPE OF WORK	OR INDUST	
21201 F ANY D		130 S	AL RESIDENCE ( TATE MARYLAND	13b. COUN	OR OTHER INSTITUTION GIV NTY	13c, CITY	BEFORE ADMISSIO OR TOWN LTIMORE		13d INSIDE CI	NO [	13e. STREET /	ADDRESS PENROSE	2122	3	
RE, MD.	F PAGES 1, 2, FORM PD 2, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	)	ATHER'S NAME FIRST HAROLD		MIDDLE	R/	AGLAND		M	R'S MAIDEI	NAME	MIDDLE		MORRI:	S
BALTIMORE, MD. 21201	S. GIVE PACE 1. PAGES 1. DIVISION C	()	WAS DECEASED (ES, NO, OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	CIAL SECURITY	NO.	HARR I		RAGLA	ADDRE ND 2159		EA TERI	21216 RACE
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DIVISION OF VITAL RECORDS,	ORD "ENDING" IN PROPERTY OF HEALTH AND MEI URIAL, CREMATION, C	CERTIFICATION	19a DATE OF				WHICH OPER							20 AUTOPSY	
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DIVISIO	DE COES	MEDICAL	214 INJURY OF WHILE AT WORK		21e PLACE C STREET, FACT				CATION		Cit	Y OR TOWN	COUN	ity	STATE
	EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE THE STATE OF THE		death resulted	Voyal	ge of the remains described for the second s	Accident	, Sui		Homic TITLE (S	PECIFY) sistar	Undetermin	EXAMINER	DATE	9-13-8	35
CT CEAN	EXECUTE PAGE 4 TO FUN AFTER D BALTIMO	23a. B	EXAMINER'S N (TYPE OR PRIN URIAL, CREMAT	ON, REMOVAL	rgarita A.		AME OF CEA		ADDRESS_		23d LOCAT		COUNT	y 51	TATE
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(/	/R A15 ME (5))	E	.L. PHI	LLIPS	1721 N.	MONE	OE ST.	212	17	SEP 2	3 1095	lia A	avidson 1	Booker	

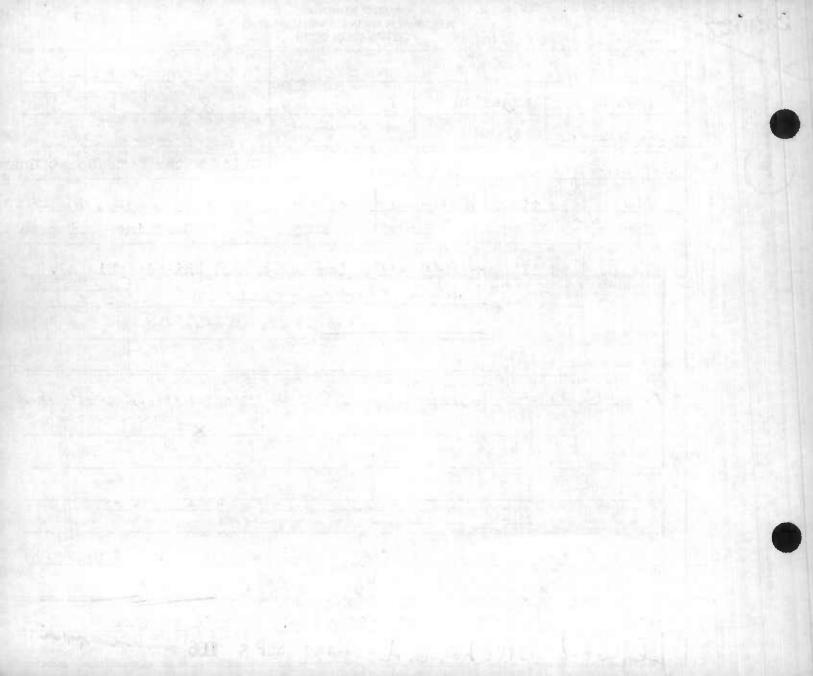


And the state of the second of the second state of the second state of the second state of the second state of

263125	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 5	2 5	6-1	5 5
• wf		CEASED NAME FIRST	ONELA		COW	20. DATE OF DEATH	MONTH DAY	85	26 HOUR
poge	3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	1	INDER 1 YEAR	IF UNDER 24 HRS
7 00 7		FEMALE	CAUCKSTAN	Jul		84	YRS	IHS DATS	HOURS MIN.
eoth. Pos		RITHPLACE (STATE OR FOREIGN COUNTRY)  JKraine	76 CITIZEN OF WHAT COUNTRY?  Ukraine	8 MARRIE WIDOW	D NEVER MARRIED	Baltimore city o	R COUNTY OF		MD.
s offer d	Ва	altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, METCY HOSPITA	address)	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWI	ON WORKING LIFE)		F BUSINESS OR
n 24 hour	Me	iryiand How	OTHER INSTITUTION GIVE RESIDENCE BEFORE ATY 13c CITY OR TOW	admission) N	13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / 3045 N. S	zip CODE t. Jol	21 nn's	043 Lane
	JA FA	Unknown	Hrybovska		UNKNOWN	ME MIDDLE		Unkn	
pe execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV ——	E WAR OR DATES)		17 INFORMANT 2 Osyp Zinke	ADDRE		Joh	21043 m's Lane
physical on population of the control of the contro		18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Arrest							MATE INTERVAL DISET AND DEATH
that the death ce d by the attending ease remove cab ol, cremation, ar r		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ntri	aua Tachy co	udie		2	Lucealis.
requires en signe. Then pl or to buri	NOIL		CONDITIONS CONTRIBUTING TO D	<u>EATH</u> BUT	NOT RELATED TO THE TERM	inal disease or cond			
The law roton.  te has be isst permit grene price	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIC	N WAS PERFORMED	YES NO	206 IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	OF DEATH?
ig physicing physicing physicing certificate rial-transition and Hygi	0	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
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R ATTENDIN hospital or RECTOR A red for use of Health	W	saw the deceased alive on	tal) attended the deceased from 198	<u> </u>	nd that in (a) (our) opinion of	, to	te and hour or		that (1) (we) last causes stated
0 . 0 0 -		276 SIGNATURE Shirthing #	200. lafteman	m	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	FIAN	22c. DATE	SIGNED 15/85
TO HOSPITAL retoined by the TO FUNERAL should be den with the Store IMPORTANT: if		CHRISTINE J		rhem	220 ADDRESS  MELCY HOS	PITAL 301 S	rlaus	PUNCE	BALTO NO
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)	100	Burial UNERAL DIRECTOR  ilîv & Zeile:	ADDRESS		21231 1 00	E REC'D. BY REGISTRAR		MOTE R'S SIGNATI	URE
(VKA 13, 4)		TITY & ZEITE.	r, Inc. 1901 E	aste	ern Ave.I	0 1300			



	1	Ellis A. I		STATE OF MARYLAND	(n) (n)	2 4 5 6
249027	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENES 5	3 "1 3 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
14		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
731 25	1	Ellis	5 A	Rawls,	9 .	2 85 2:30 PM
0 d	1.5E		4 RACE	5 DATE OF BIRTH 10/15/04	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 40		Male	Caucasian	10 15 1904	80 YRS.	ONTHS DAYS HOURS MIN.
11110		THPLACE (STATE OFF FOREIGN COUNTRY)	US A	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or county	1 1
179		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR.	SING HOME OR OTHER INSTITUTION EET ADDRESS) Health System	CRICE MOTOR	126 KIND OF BURINESS OR
1/1/57	USU		R OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	Lie CYDEET ADDDESS ( TID CODE	
1 1800	1000		Itimore Baltin		7524 Philad	elphia Rd 212
1 16 /12/	M FA	THER'S NAME NIA		15 MOTHER'S MAIDEN NA	ME AM	/
1 11/20	(	Charles	Allen LAST F	Rawls Mary	MDDLECaroli	ne Simpson
1 71 10		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
1 12	1	Ves WW	II 2/3-29	8-9265 Alice Rawl	s 7524 Philade	elphia Rd.
the state of		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), ED BY:	and ic	0 /	BETWEEN ONSET AND DEATH
4 400			ED BY: TE CAUSE (a) MACU	te respirator	y tailure	2 days
B 25 X X		IMMEDIA		M. A		
the see of		Canditians, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF Mypcard	ial infarction	7
d to the		gave rise to immediate	16) accorde	- Spirate		
4 441		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
4 4 1 1 0			(c)			
2 000	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 110
4 4 7 7	8	Metastutic Pr		ercalcemia, COPD	, atherosclerosis	, cigarette abu
1 11111	CA	90 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?
21 251 1	CERTIFICATION	Like Hard				NO [
Z + 3 0 + w/	8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART   OR PART 2)
音音 音音	H H	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR		
Was a see of	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21L LOCATION		
4 4 4 4 7 7 7	F.	WHILE NOT WHILE	LAT HOME STREET FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
2 414 6		AT WORK				
N = 2 + 4			ital) attended the deceased from		, to 9 32	19 85 that (1) (we) last
프로 문화를 받고		saw the deceased alive or above, (1) (we) (did) (did no	n 9-2 at) view the bady after death.	85, and that in (my) (our) opinion	death accurred on the date and have	and from the causes stated
* 2 報号を b	1	226. SIGNATURE		DEGREE		221. DATE SIGNED
21 200 =		1 tt To	an en	MA ATTENDING PHYSICIAN [	MEDICAL STAFF	9-2-64
Story of the story		22d. PHYSICIAN'S NAME LITTER	OR PRINT!	22e ADDRESS	DIRECTOR PHYSICIAN	1 1 2 0 3
HOSPI Inned to FUNE old be Title 5		1 1		Lu/ O	, 11 11	
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Scott T	ouger	Jyman Po	ark Itospital	
25 -213	23a E	URIAL, CREMATION, REMOVAL	. 23b DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	of Paris and
BP	B	urial	9/4/85 N	Meadowridge Cem.	Elkridge Ho	oward Md.
707A	24. Ft	NERALDRESTOR	171.1.5	25a DA1	E REC'D. BY REGISTRAR 256 REGISTE	
DHMH - 16 60M 7/84		fresh 1	ADDRES:	A 21237 S	ED 7 4005 CHUMAN	auldon
(VRA 15, 4)		11111111	1211 (hese	4.0 4441		



	DECEASED NAM	AE FIRST	WIDDLE	LAST	20 DATE KNOWN X	
	TYPE OR PRINT)	Mary	E.	Ray	OF ESTI-	
3 :	F	4 RACE		AGE (IN YEARS IF UNDER 1 YR. LAST BIRTHDAY) MONTHS DAYS YRS.	IF UNDER 24 HRS. 2c. DATE HOURS MIN. PRONOUNCED DEAD	9 3 19 85 12 A M
70	BIRTHPLACE FOREIGN COUNTRY		16 CITIZEN OF WHAT COUNTRY	* MARRIED XNI WIDOWED [	ever married   1. Baltimore city of borced   Baltimore	City MD
10	Baltimo		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Church Hosp	ADDRESS)	UTION 120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	STATE NO.	(IF IN NURSING HOME O	10.	TOWN 13d. INSIDE	CITY LIMITS? 13e STREET ADDRESS	21205 FERSON ST.
	FATHER'S NAM	CAROL F	MIDDLE JOHNSON			OACH LAST
16	WAS DECEAS (YES, NO, OR UNKN	ED EVER IN U.S. ARA	WAR OR DATES!	SECURITY NO. IT INFOR		2724 Jefferson
	Conditi gove cause (	EATH WAS CAUSED	ly ane couse per line far (a), (b), on D BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEC	Orug overdose QUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	BARL 2 OTHER	CICNICICANT CONDITIONS	CONTRIBUTING TO DEATH OUT AND DELETION	70 tur		
10000		FOPERATION	CONTRIBUTING TO DEATH BUT NOT RELATED  196. CONDITION FOR WH	O THE TERMINAL DISEASE OR CONDITION		w, AUTOPSY? Abdomen Onl
	190. DATE C	FOPERATION  IAL CAUSE WAS  G Ø OR  ING CAUSE OF E	196 CONDITION FOR WH	CH OPERATION WAS PERFOI Y YEAR 1985 Ingested	RMED?  Y OCCURRED LENTER NATURE OF INJURY IN ITEM 18 P	YES 🔀 NO 🗌
	190. DATE C	F OPERATION	216. TIME OF INJURY HOUR A.M. MONTH DA	216 HOW (NJURY 1985 Ingested 1985 216 LOCATION STREET 2724 E.	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P d drug 	YES NO
	190. DATE OF THE PROPERTY IN CONTRIBUTE ON TRIBUTE AT WORK	FOPERATION  TAL CAUSE WAS  G OR ING CAUSE OF D  OCCURRED  NOT WHILE AT WORK  tify that I tack charg	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 1985 Ingested 1985 Ingested 1985 Ingested 1985 Ingested 1986 Inge	rmed?  Y OCCURRED TENTER NATURE OF INJURY IN ITEM 18 P  d drug  Jefferson St. Balto.  Only	YES NO
	190. DATE OF THE CONTRIBUTE ON TRIBUTE AT WORK	FOPERATION  TAL CAUSE WAS  G OR ING CAUSE OF I OCCURRED NOT WHILE AT WORK  Tify that I taak charg	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 9/3 21e PLACE OF INJURY NOME STREET, FACTORY, FARM, ETC.) 10 the remains described above,	Y YEAR 1985 Ingested STREET 2724 E. ADOMENTAL Autopsy M., Suicide X., Home	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P)  d drug  Jefferson St. Balto.  Only  Inspection	YES NO  YES NO  YES NO  YES NO
	190. DATE OF THE PROPERTY OF T	FOPERATION  AL CAUSE WAS  G OR ING CAUSE OF I  OCCURRED  NOT WHILE AT WORK  tify that I taak charg ited from: Natur	216. TIME OF INJURY HOUR A.M. MONTH DA 1216 PLACE OF INJURY ( STREET, FACTORY, FARM, ETC.) Thome  Tol causes  GOTY R. Kauffman	Y YEAR 1985 Ingested	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P)  d drug  Jefferson St. Balto.  Only Inspection	YES NO  ART 1 OR PART 2)  COUNTY STATE  If MC a  DATE SIGNED 9-3-85

arneas Mary PDTS ( Description of Layer - 11 July 1 1-1-1)

3. SE					Keed	
	X	4 RACE	5 DATE O			6 AGE (IN YEARS LA
To a	Female	Black	nonth	23	20	65
2 70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? B	NEVER M.	ADDIED X	9 BALTIMORE CIT
SO T	exas	U.S.A.	WIDOWE		ORCED	BALTIMO
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O		TUTION	12a USUAL OCCU
В	ALTIMORE	733 Newingt		enue 1	st Fl	(TYPE OF WORK FOR M
USU 130	AL RESIDENCE (IF NURSING HOME OF			124 INICIDE CIT	ry Livited	12. STREET ADDRE
	aryland	Baltim		13d INSIDE CIT	NO [	733 Nev
13 F	ATHER'S NAME			15. MOTHER'S		
١.	Lemmie	Clark	1.00	Ber	tha	Le
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMAN		AC
13	NO OR UNKNOWN) (1F YES, GF	VE WAR OR DATES) N/A	65.7	Berth	a Lee	Robinso
	Conditions, if ony, which	( 16) CANCE	KUT	01 9 1 1		
Z	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF	of ADRI	ENACS	AND P
ATION	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEC	O DEATH BUT I	OF ADICE	ENACS	AND P
IFICATION	couse (0), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING T	O DEATH BUT I	OF ADICE	ENACS	NAL DISEASE OR C
CERT	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION FOR	O DEATH BUT I	NOT RELATED T	TO THE TERMI	AND P
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CERT !	PART 2 OTHER SIGNIFICANT  Part 3 OTHER SIGNIFICANT  Part 3 OTHER SIGNIFICANT  Part 4 OTHER SIGNI	DUE TO, OR AS A CONSECTION.  CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION FOR WHITE CONTRIBUTION F	DUENCE OF  O DEATH BUT I  CH OPERATION  DAY YEAR  19  CE FARM EIC)	NOT RELATED TO N WAS PERFOR  21c HOW INJI  211 LOCATION STREET  3. / 6  d that in (my) (a) DEGREE  AT	TO THE TERMINAL TO THE TERMINAL TERMINA	INAL DISEASE OR C  200 AUTOPSY?  YES NO  ED (ENTER NATURE OF  CITY C  TO SEE  HEOTH OCCURRED ON THE
# 8	PART 2 OTHER SIGNIFICANT  9a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  NOT WHILE AT WORK  22a.1 certify that (1) (this hosp sow the deceased olive or above, (1) (we) (did) (did no 22b. SIGNATURE	DUE TO, OR AS A CONSECTION.  CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION FOR WHITE CONTRIBUTION F	DUENCE OF  O DEATH BUT I  CH OPERATION  DAY YEAR  19  CE FARM EIC)	NOT RELATED TO N WAS PERFOR  211 LOCATION STREET  211 LOCATION STREET  AT PH	TO THE TERMINAL TO THE TERMINAL TERMINA	INAL DISEASE OR C  200 AUTOPSY?  YES NO  ED (ENTER NATURE OF  CITY C  TO SEE  HEOTH OCCURRED ON THE
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CERTIFICATE OF DEATH

#1,FilmG608 10/3/85 ra

aka Elizabethh Clark

1 - STATE

(TYPE OR PRINT)

I DECEASED NAM

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & REG. NO. 20. DATE OF DEATH MONTH 26 HOUR IF UNDER I YEAR Y OR COUNTY OF DEATH ORE CITY, PATION 126 KIND OF BUSINESS OR OST OF WORKING LIFE INDUSTRY 21217 SS / ZIP CODE wington Avenue 1stFl Scott ee on 4807 Colonial Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ubluemais LEURA ONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ INJURY IN ITEM 18 PART 1 OR PART 2) RIOWN STATE e date and hour and from the causes stated 226 DATE SIGNED STAFF YSICIAN [

Wm CME March F/H Inc. 1101 ADE ESS North Avenue

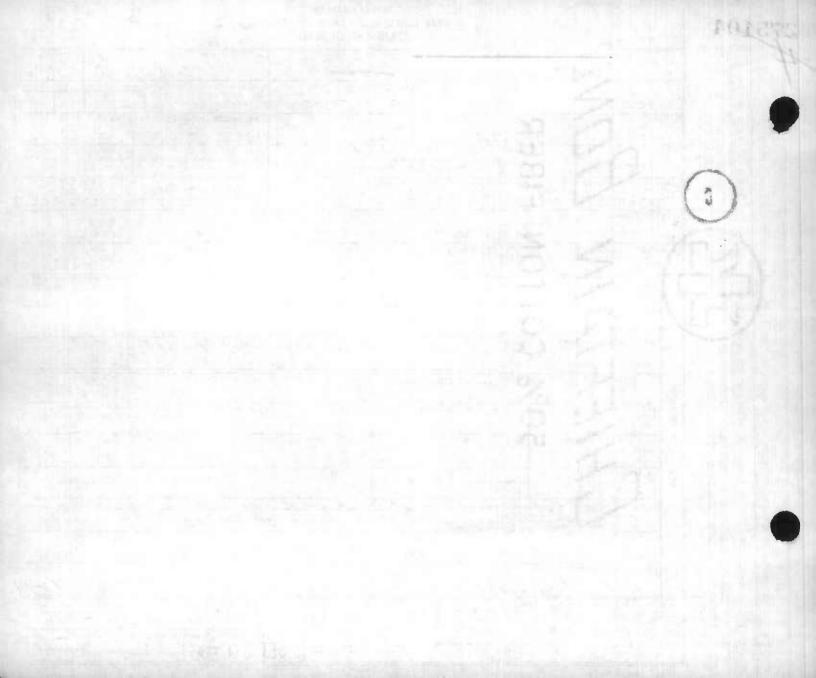
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SEP 30

COUNTY Texas

ha Davidsor-Bondese.

DHMH - 16 60M 7/84 (VRA 15, 4)



### FOR STATE

24 FUNERAL DIRECTOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

by	-le		6	1
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d co. pletely filled	Company of		)	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician add corporate by	should be detached for use as the burial-transit permit. Then please remove carbon papers. Par	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the medic	

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR				CEKIII	ICAIE OF DEATH	REG. N	0.		
I DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	FLOR	ENCE	Ε.	RE	EES	September	25,	1985	9:00
3 SEX		4 RACE		5. DATE		6 AGE (IN YEARS LAST BI	(YADAY)	IF UNDER I YEAR	
Female		Whit	e	Aug	C 100F	90	YRS	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
Maryla	and	U.S	.A.	WIDOW	37	Baltimore	e Cit	у,	AA
10 CITY OR TOWN OF	DEATH			G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND	OF BUSINESS OF
Baltin	more		the facility, give street in the charles		eet Apt.1B	Home Mak			Home -
USUAL RESIDENCE (IF N 13m STATE Maryland	136 COU		130 CITY OR TOWN	N	134 INSIDE CITY LIMITS?	3111 N. C	/ ZIP COI	DE S+	2/2/8 Apt.1B
14 FATHER'S NAME		10000			15 MOTHER'S MAIDEN NA		larie	5 50.	npc. ID
FIRST	NOWN	WIDDLE	LAST		ÜNKNOWN	1.00011		L	AST
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		14. 191	41
(YES, NO OR UNKNOWN)	(IF YES, G	VE WAR OR DATES)	011-28-5	5459	Mr. Arthur I	orager 5 L	ight	Street	
18 CAUSE OF DE	ATH (Enter o	nly one couse per	line for (o) (b), one	dice				APPRO	XIMATE INTERVAL NONSET AND DEATH
PART I DEATH		ED BY TE CAUSE (a)	Cardiae 1	Anny?	things.				/4.2
	II VII VIED II							7 74 1	Easy Inc.
Canditions, if a	any which	10,0	Are La	AMOCOL	ordial inforc	tion.			day
gove rise to	immediate	) (0)-	Ale West Spice	1	70,000	7.07-		- '	-/-
cause (a), str underlying co		DUE TO, O	R AS A CONSEQUE	NCE OF					
		(c)							
_ / / .	IGNIFICANT	CONDITIONS CO	11 1/1		NOT RELATED TO THE TERM	4			lia
190 DATE OF OPE	Danes	tra of y		man		al carcino			
190 DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE	S OF DEATH?
E L		March 1980				YES NO		YES 🗌	NO [
			FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING		AIR	М.	19	F13				
CIF EITHER NOTIFY A		21e PLACE	OF INJURY		211. LOCATION			4000	
WHILE NO	WHILE WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE
		and attended th	e deceased from_	May	16 10 52	- in Just .	15	10 85	, that (I) we las
sow the deci	essed slive o	Hug	2/ 198	5 !	nd that in (my) (au ) opinion i	death occurred an the d	ate and he	our and from th	
22h SIGNATUR	file folded to	of view the trody	offer death		DEGREE				E SIGNED
1	4	61 11	(Mar)		ATTENDING	MEDICAL STA	FF	1.1	.26, 1983
THE PHYSICIAN'S	AMELIYPE	OR PRINT)			PHYSICIAN P	DIRECTOR   PHYSI	TAN []	10/17	.26,1100
Constitution	A				600 Light S	treet Balt	imore	, Mary	land
George		r, MD.							
23a BURIAL, CREMATIC	N, REMOVA			IAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Burial		Sept.	27,1985	Laure	el Hill Cem.	Barton,			Maryland

ADDRE 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/B4 (VRA 15, 4)

287

24 FUNERAL DIRECTOR

(SPECIFY)

Burial

230 BURIAL, CREMATION, REMOVAL

236 DATE

Film G608 item 16b

09/28/85 Woodlawn Cemetery

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

22c. DATE SIGNED

NO F

STATE

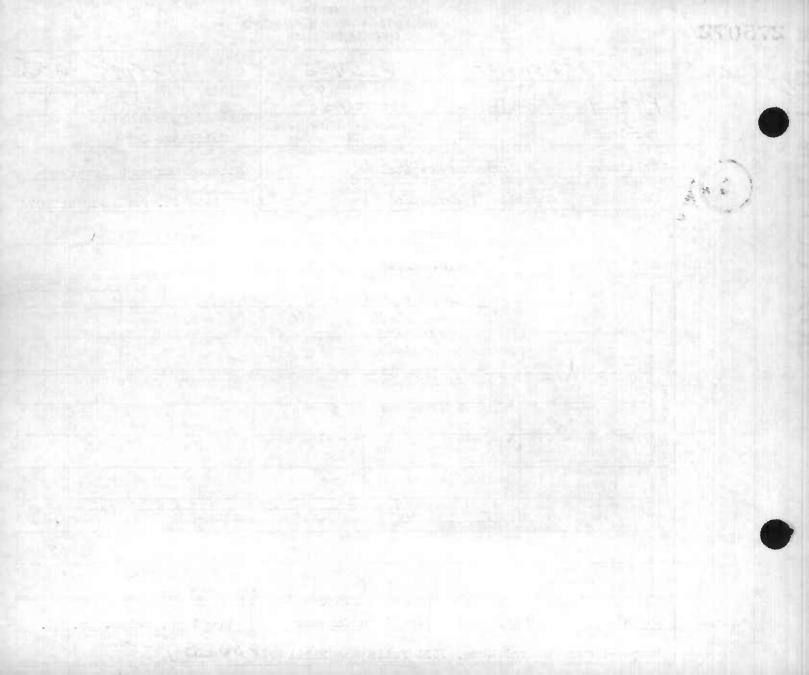
2h HOUR

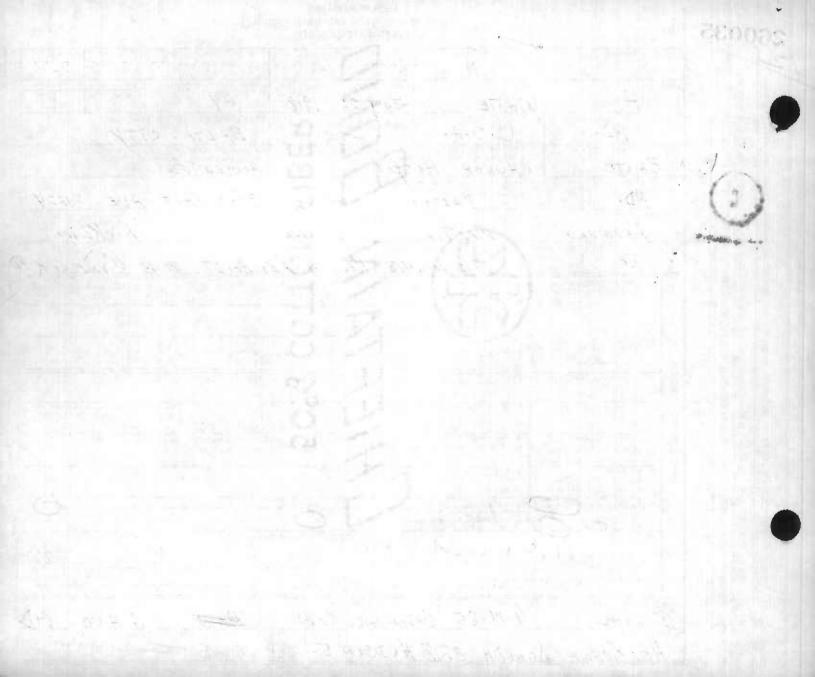
Bakerv

LAST

Woodlawn, Balto. Co. Md. 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Burgee-Henss Funeral Home, 3631 Falls Road21211





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## FOR 1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				13

ш		REGISTRAR				CEKITE	CATE OF D	EATH	REG. I	10.			-2	
		EASED NAME	FIRST	A	AIDDLE	L.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR	_
	{ I YPE	OR PRINT)	JOSEPI	H CHR	ISTOPHE	BRETCI	FRT .	SR.	CHAIR OF THE	0	16	85	7.10n	M
	3. SEX		00222	RACE		5. DATE O			& AGE (IN YEARS LAST B	RTHDAY	IF UND	ERIYEAR	IF UNDER 24 HE	RS
١	N	IALE		WHITE		MARC	CH 19,	1928	56	YRS	MONTHS	DAYS	HOURS MI	ν.
1		RTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	X NEVER M	ARRIED 🗍	9 BALTIMORE CITY	OR COUN	Y OF D	EATH		
2		IARYLAND		U.S.	Α.	WIDOWE		ORCED [	BALTIMO	RE_CI	TY			MD.
2	H CI	TY OR TOWN OF DEATH	H   1		HOSPITAL, NURSIN		R OTHER INST	TUTION	120 USUAL OCCUPA	ION	12b	KIND OF	F BUSINESS	OR
ű	BA	LTIMORE	1 7	VETERAN			ION MED	ICAL_CH	NTER	MGH		BEVI	ERAGE	
à		L RESIDENCE (IF NURSING	SHOME OR OT		GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CI	TY LIMITS?	13g STREET ADDRESS	/ 7IP CO	DE	1		
D	MA	RYLAND	HARE		JOPPA		YES 🗍	но 🕅		STRE		RD.	2108	5
1)	4 FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE	50		LAST		
Ċ		CHARLES			REICHE	RT	W	ILMUTH				PHOI	EBUS	
7		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO.	CAROL	YN KAS	SPRZAK 98	O SA	NDA	TWO	ים אם	2122
J.		YES	W.W.	II	2202050	09		3900_LC	CH RAVEN I	LVD_F	BALTO	) MI	212	18
		18 CAUSE OF DEATH	Enter only	ane cause per	line far (a), (b), ap	d c	1		- 4	1574		BETWEEN	MATE INTERVAL INSET AND DEAT	н
			MEDIATE		card	com	umon	/ OV	ned					
	-31			DUE TO, OI	R AS A CONSEQUE	NCB/OF	1. 0							
	Conditions, if any, which (b) Staddel United													
		cause (a), stating the underlying cause last												
		[c]												
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to												
9	CERTIFICATION	198 DATE OF OPERATIO	N	TIPL CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOI	DAKED	20g AUTOPSY?	20h 16 Y	ES WEE	E FINDIN	IGS USED	_
/	FIC	198 DATE OF OPERATION		175 CONDITION FOR WHICH OFERATION							TIFYING	NG CAUSES OF DEATH?		
~	ERT	210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY			F INJURY		21s. HOW IN	IURY OCCURR	ED (ENTER NATURE OF IN			P PART 21	NO 🗌	-
1				DAY YEAR 19 211 LOCATION			, 613, 641, 541, 541, 541, 541, 541, 541, 541, 5							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.  21d INJURY OCCURRED 21e PLACE OF INJURY												
	ME	WHILE NOT WHILE		LAT HOME STR	EET FACTORY, OFFICE F	ARM, ETC )	STREET		CITY OR	OWN	((	OUNTY	STATE	
		nn - alf al made to	hi haaa ka	l) attended the	e deceased from	SEPTE	MRER 10	) 1985	to_SEPTEM	RED 1	610 5	25	hoXX (we) I	ast
saw the decamply and SEPTEMBER 16 19 85 and that in Wax (our) opinion death accurred on the														
		22b. SIGNATURE	70000	YIPW THE DODY	after death.		DEGREE				3	2 DATE S	SIGNED /	
			1	11	- hor	m		TTENDING -		AFF	1	91	100/5	()
)		22d PHYSICIAN'S NAM	AE (TYPE OF	PH()	1	1	22e ADDRESS		,			1	1	
		JA	tsku	15K4	(m1)		390	00 LOCH	RAVEN BLV	D BAL	TO	MD	21218	
Т		URIAL, CREMATION, RE	MOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	2 24 11	- 4.1	- 41/	21210	
	I	BURIAL	2	EPT.	19,'85	MD.	VETERA	NS CE	METERY GA	RRIS	SON	FORI	REST,	MD

DHMH - 16 60M 7/84

should be detached for with the State Dept of H

(VRA 15, 4)

VILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD SEP

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

PERMIT OF THE PROPERTY OF STREET, STRE residence and the even figures are a figure as a second of the second of FOR

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

Male

Iowa

10 CITY OR TOWN OF DEATH

Baltimore

USUAL RESIDENCE 130. STATE

Maryland

14 FATHER'S NAME

TO BIRTHPLACE ISTATE OR FOREIGN

DECEASED NAME

4 RACE

MIDDLE

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

17 Hamill Road

Richard

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Baltimore

LAST

FIRST

Rodney

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

3

MARRIED NEVER MARRIED

21210

YES X

13d INSIDE CITY LIMITS?

1921

DIVORCED

NO [

IS MOTHER'S MAIDEN NAME

FIRST

Reilly

5. DATE OF BIRTH MONTH 6

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

20

REG. NO. 78 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHOAY)

64

120 USUAL OCCUPATION

13e.STREET ADDRESS / ZIP CODE

17 Hamill Road

MIDDLE

Economist

9

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

85

IF UNDER I YEAR

7h HOUR

126. KIND OF BUSINESS OR

Education

LAST

21210

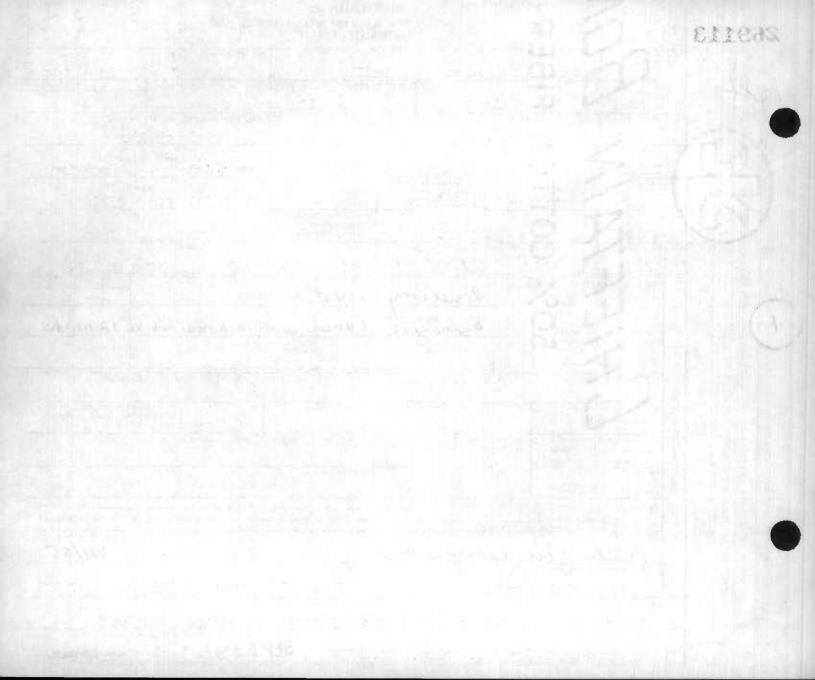
filled in by th (3)

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

3/0	Joseph	Reilly	Marie	Grace	Lynch					
	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS						
	Yes WW.		Britt Marie	Reilly (	same as 13e.)					
and	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	ECCAIN ASTINA	arrest		APPROXIMATE INTERV BETWEEN ONSET AND D					
r fraumaric	Conditions, if any, which gave rise to immediate cause (a), stating the	bue to or as a consequence of	Cancer wi	th neck node me	tastas 12 months					
othe	couse (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF									
γ. ο	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
injur ON										
8 shows ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO					
- 01	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	OF INJURY  M. MONTH DAY YEAR  Z1C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)							
rked or Item	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY ST					
is mo		I) attended the deceased from			, 19, that (I) (w					
n 21	sow the deceased alive on obove, (I) (we) (did) (did not)	view the body ofter death		death occurred on the date one						
II: If her	Kachy & /4	lellow mD	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 9/21/85					
RIANI	THE PHYSICIAN'S MAM CHECK									
MPORT	Kathy Helzls	ouer, MD	600 N. Wolf	fe Street Balt	imore, MD 212					
730	BURIAL, CREMATION, REMOVAL (SPECIFY)  Cremation		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY ST					
24 F	UNERAL DIRECTOR	9/21/1985   Green M	bunt Cemtery	Baltimore, I						
7/84	NAME	dley Inc. Balto., Md	CE	00	- som som Atendo pa					
TAT										

DH/



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	2	5	6-1	6	6
---	---	---	-----	---	---

'	- STATE REGISTRAR		ERTIFIC	ATE OF DEATH	REG. NO	O.				
	CEASED NAME FIRST	MIDDIS -	LAS		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
	Ruth	A	Res		09/2	8/85		452 A		
3. SE	The second secon		DATE OF		6. AGE LIN YEARS LAST BIR	THOAY)	IF UNDER I YEAR IF  MONTHS DAYS H  ITY  STORY  TESKE  Carey  BETWEEN ONS  GIVEN IN PART 110  YES, WERE FINDINGS  RTIFYING CAUSES OF YES  IB PART 1 OR PART 2)  COUNTY  19	HOURS MIN.		
	Female	White	Sept	.21,1912	73	YRS	NONING DATE	HOURS MIN.		
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	MARRIED	□ NEVER MARRIED □	9 BALTIMORF CITY O	PCOUNT	OFDEATH			
2	Penna.	77 C A	VIDOWED.		Balto	. Ci	ty	MC		
10 0	TITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING I			120 USUAL OCCUPATI			OF BUSINESS OR		
В	altimore	Univ of Ma	ryla	nd Hospital	Chiropra	actor	Own	Practio		
13a	AL RESIDENCE (IF NURSING OME OR OT STATE ATYLAND	HER INSTITUTION SIME RESIDENCE BET UNE ADJ	( 1)	3d. INSIDE CITY LIMITS?	13. SIREET ADDPESS	zu tav	st.	21-201		
H. F	ATHER'S NAME	DDLE LAST	1	MOTHER'S MAIDEN NAM	AE MIODLE	4.00				
	August	Tischler	r	Matilda	WIODIE		Teske			
	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURIT	YNO I	1 INFORMANT (Brot	ther) APDRE	5558 (		4.0000		
	No   18702   1									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF									
CERTIFICATION	PART 2. OTHER SIGNERICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	NDITION FOR WHICH OPERATION WAS PERFORMED							
TIFE					YES NO			NO [		
	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	2 Ib. TIME OF INJURY HOUR A.M. MONTH DAY P.M.								
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM		TIL LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
	22a.1 certify that (I) (this hospital saw the deceased alive an abave, (I) (we) (did) (did not) v	4/17/85 19		that in (my) (aur) apinian d	leath occurred on the do	ote and hou	ir and from the			
	22h SIGNATURE A		DE	CDEE			774 773.74	STERRED.		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE

STEPHEN F KNOX

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Hanover Twsp.Luzerne Pa.

Oak Lawn Cem 21018 E. Barnes Fleming Funeral Service Benson, Md.

muselther) Peruluan

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

1		REGISTRAK				CONTRACTOR	. TAIL OI	, carrie	REG. NO	).				
1		EASED NAME	FIRST		AIDDLE		LAST	E7	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
	TYPE O	DO DO	NNA	G		REUWE	R		0	9 16	1985	7:59P		
1	3. SEX			4 RACE	7	S. DATE C		W - 11	6. AGE (IN YEARS LAST BIR		F UNDER I YEAR			
	F	emale		Cauca	sian	4	6 DAY	63	22	YRS.	ONTHS DAYS	HOURS MIN.		
r		THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	D X NEVER	MARRIER []	9 BALTIMORE CITY O	R COUNTY	OF DEATH			
7		laryland		U.S	S.A.	WIDOWE		VORCED	BALTIMORE	CITY		MD.		
		Y OR TOWN OF DEA BALTIMORE	ATH			OPKINS H			120 USUAL OCCUPATION (IMPEOF WORK FOR MOST OF WORKING LIFE)  Secretery  12b. KIND OF BUSINESS INDUSTRY  Government					
g	130 ST		136 COUN	OTHER INSTITUTION	13c. CITY OR		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ZIP CODE	91			
r	Ma	ryland	A.	A.	Se	evern	YES 🗌	NO X	1416 Was	hingt	on_A	Ze 21144		
V		HER'S NAME FIRST		MIDDLE	LAS	1	15. MOTHER	S MAIDEN NAM	ME		L.	AST		
Ū	W	illiam		E.	Bea	em	Sa	rah	L.		Coc	oper		
7		AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA	Sev Sev	ern, Maryl	and		21144		
107	111	No		-	219-8	36-6361	Mark	E. Re	uwer 1416	Wash				
16		B CAUSE OF DEAT	H (Enter on	ly one couse per						THE COLUMN TWO IS NOT	APPRO	XIMATE INTERVAL N ONSET AND DEATH		
		PART I. DEATH W	AS CAUSE	D BY	CARD		IRATOR	V AO	REST		30	MINUTE		
			IMMEDIAI	E CAUSE (a)	Office		TICKTON	1 / 1	31201		100	MINOUIL		
				DUE TO, O	R AS A CONS	SEQUENCE OF	SEPTIC	EMILA			14	DAUS		
		Conditions, if any,		(p)	FUN	GAL	321110	EMIL			1	DATS		
		couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF LUPUS ERYTHEM ATOSUS							2	YEARS				
	1	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING	S TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I	10		
	Z O	CECAL-	PERI	ORATIO	N) AN	DEFPA	IR RF	A141 I	AILURE, CO	AM				
	CERTIFICATION	90 DATE OF OPERA				HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	206 IF YES,	WERE FIND	INGS USED		
-	E	8-13-8	5	CF. 4	000	F-DATION	JALINE	BLEEDINE	YEST NOW	IN CERTIFY YES		S OF DEATH?		
-	ERT	210. ACCIDENT WAS UNI	DERLYING T	216 TIME O	FINIURY	FORM HOU		JURY OCCURE						
		OR CONTRIBUTING	_	110110 4		DAY YEAR		.vokr occom	(ENTER MATORE OF MATOR		nr i On i ani aj			
	§ .	(IF EITHER NOTIFY MEDI				19	AN I D C A Y	avi						
	MEDICAL	214 INJURY OCCUR		21e PLACE	EET, FACTORY, O	FFICE, FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE		
		WHILE NOT WE AT WO	RK L											
	1	22a I certify that (IC	The same of the sa	13 11				19.85	10 9-16	, 1	9 85	, that (I) (we last		
		saw the decease	ed alive on	t) view the body	ofter death.	19 85, 0	nd that in (my)	(our) opinion	death occurred on the de	ite and haui	and from th	e couses stated		
1	1	226. SIGNATURE	11	0 1	10	1	DEGREE			,	22c. DAT	ESIGNED		
		Kon	noth	1.1	Joby.	Durk	MP	PHYSICIAN [	MEDICAL STAI		9-	16-85		
	1	22d. PHYSICIAN'S NA	AME (TYPE O	R PRINTS	1000	(ha )	22e ADDRES		DHAIS HOP	KINS	HOSE	TITAL		
		KENNET	H V	HOL	ROYD	Alst	)	BALT	IMORE MD	21;	005			
	230 BU	IRIAL, CREMATION,	REMOVAL		10.5	23c NAME OF C			23d. LOCATION		COUNTY	. (1,44		
	(3)	Burial		9/20	/85	Meadow	ridge	Park	Elkridge	∋ H	oward	Mã.		
-	24 FUN	VERAL DIRECTOR						250 DAT	E REC'D. BY REGISTRAR	25h REGISTE	ARS SIGNA	ME 2.00.		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md. 21061 250 DATE REC'D. BY REGISTRAR SILVER STORMS S

4 47 5 3 3 3 3 253 2 ANTIC TO A CONTRACTOR TO TAKE TO ----37 / 1/2 Taymend C. Wirls often Junio, and 11000 . 259 1 B 1985 Junio Miller Males

FOR STATE REGISTRAR

DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

5

20 DATE OF DEATH

REG. NO.

2546

2b. HOUR

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86.	6.2
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1	25
8	100
15	205
1.8	8.3
4	939
3	210
-	0 0 5
4	202
3	1115
-	9.5.0
3	0.5.0
0	27.0
-	2 - 0
3	9 5 6
2.1	245
VYSICIAN: The law impulses that the death certificate be exactled within 24 hours after death. Foor 4 ding physician.	s centricote has been signed by the otheraing physician arcesian. Any fulled in by the funeral directo burnol-tronsit period. Then please sensore cataba papers. Page 1 or d. 2 bould befulled widon 72 hours of Mental Hygiene prior to being 1, cremation, or remained.
ZY	H O
0	ol-lo
SH	Aen
- TO	> 0 <

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	TYPE	OR PRINT) CAT	HERINE	B. RE	YNOLDS	3		Septemb	ei 17	1985	8:30	P
	3. SE		4 RACE		S. DATE O		YE AR	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 2	4 HRS
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E	0	ther's NAME Elmer	WIDDLE	Burton			S MAIDEN NAA FIRST M.	MIDDLE		Duvall		
4		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	216-18-		Thoma		lds 15 Tenl		210	93	
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIII YES			
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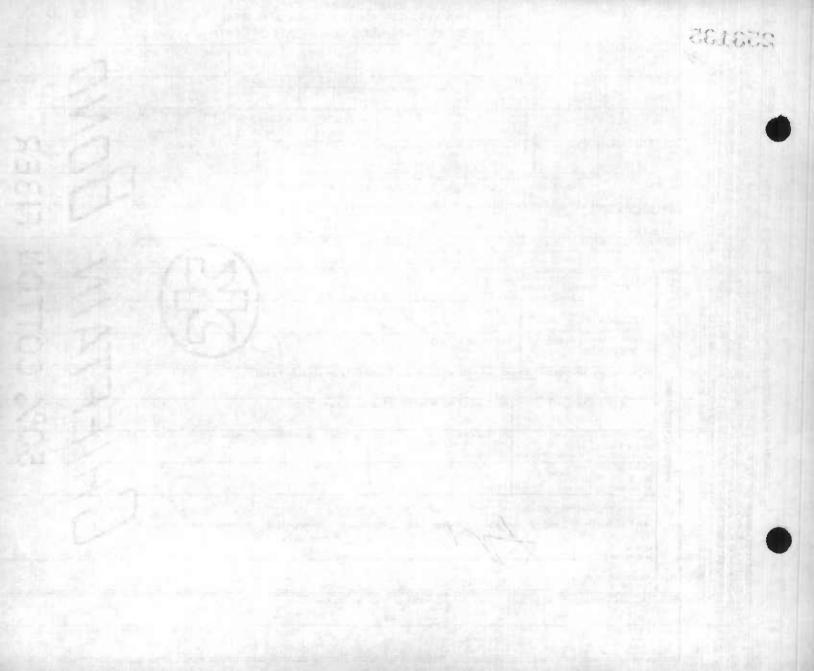
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

SEP 18 185

William C. March F/H Inc. 4300 Wabash Avenue

(VR A15 ME (5))

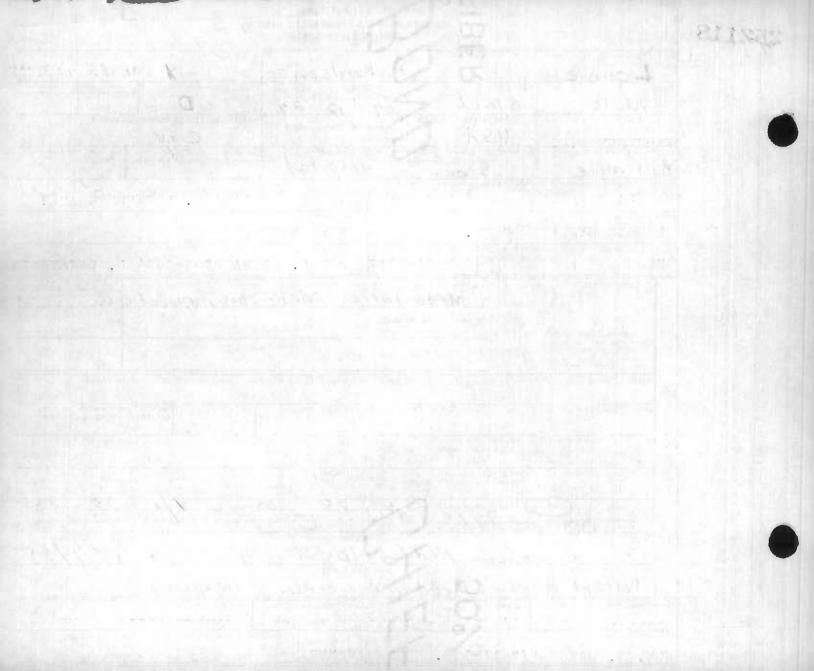


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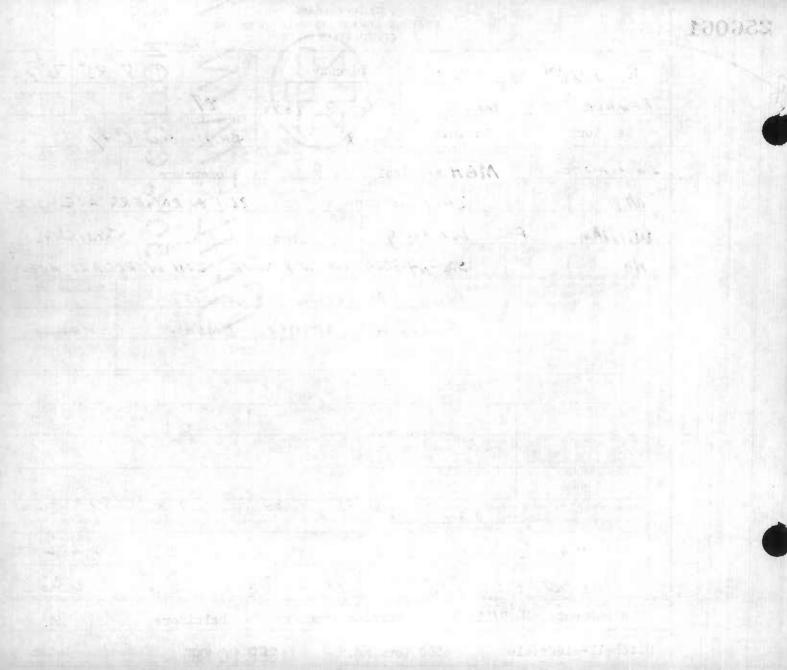
WM. C. MARCH F/H 1101 E. NORTH AVENUE

DHMH - 16 50M 4/83

(VRA 15, 4)



DIVISION OF VITAL RECORDS



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1630 Edmondson Avenue, Catonsville, Md. 21228

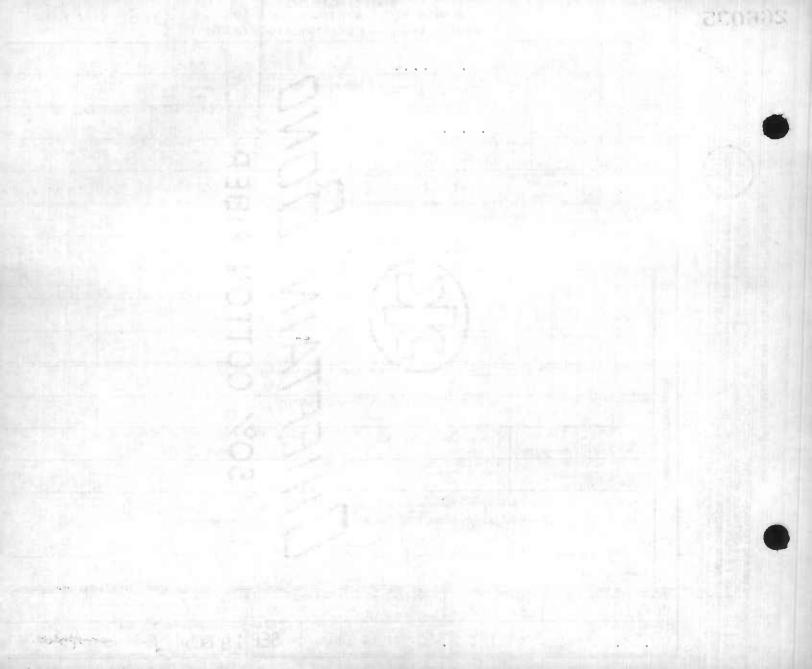
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S NECESSARY REUNERAL DIBECTOR S FOR YOUR W. PRESTON ST		IDGELY	MARYLA				IDOW		DIVORC			altim			MD
244	10, 0	IT OK TOWN O	PUEATH	11. NAME OF HOSE	ILITY, GIVE ST	REET ADDRESS)		R INSTITUI	ION		OCCUPATION OF WORKING LIFE		WORK 12	OR INDUST	RY
(A00 HA) -		Baltimor		903 McDc	noug	h Street	_			100					
10 m from		AL RESIDENCE (IF	IN NURSING HOME O	R OTHER INSTITUTION, GIVE		OR TOWN	1	13d INSIDE (I	TV ( IMITS?	13e_SIREET	ADDRESS				
2 2 2 2 2		ARYLAND			BAL	TIMORE	- 1	YES 📉	NO 🗌	903 M	c DON	OGH	ST	21205	
MD. 2.	14. F.	ATHER'S NAME		WIDDLE				15. MOTHE	R'S MAIDE	NNAME					
FEST FE	H	ENRY RI	NGGOLD	MIDDLE		LAST		MA	RTHA		WIDDLE			1AST	
SATTIMORE, MD. 21201 S AFTER DEATH. IF GIVE PAGES 1, 2, MDS ITH FORM PM 3. FET PAGES 1 RND 2.S IVISION OF VITAL IF STORY		WAS DECEASED	EVER IN U.S. ARA		166. SOC	IAL SECURITY N	0.	17. INFORM	MANT		ADE	DRESS			
S AFTE GIVE F TITH F PAGES VISIOI	N	PES, NO, OR UNKNOW	(IF YES, GIVE V	WAR OR DATES)	220	-22-95	43	INEZ	CRA	DDOCK	3417	ELN	10RA	AVE	2121
TON ST., BALTIMC 24 HOURS AFTER ITEM 1B. GIVE PAR LONG WITH FOR PERMIT. PAGES I GIENE, DIVISION (VAL.		LIS CALISE OF	DEATH (Enter onl	y ane cause per line (										APPROXIMAT	FINTERVAL
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STON S: V 24 HO V ITEM I ALONG TI PERM YGIENE		1	IMMEDIAT	E CAUSE (a) Art		SCIETOT.	LC C	ardio	vascu	ilar ol	Lsease				
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L RECORI JID BE ED P MEDIC ED AS A E HEALTH , LL, CREM	CERTIFICATION														
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F VITAL TE SHOUI WE CHIEF ENT OF H	十里			Y Charte										YES 🗌	NO [X
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DIVIS  FER. THIS CER.  ATE. WRITIN  FORWARDED  OR. PAGE 3.S  HE STATE DEP  ND, 21201 PR										[X], I					
MAN THE			//	e of the remains desc			Autaps		Inspection		nquiry .	and in	ту артп	on	
WE BE BE		death resulted	form: Nature	al causes	Accident	Suicid	е Ц,	Hamici		Undetermi	ned manner	<u></u>			
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A H S A A A A A A A A A A A A A A A A A		SIGNATURE	Germa	XXX IVU	411	111111	M.I	ASS	istar	T MEDICAL	LEXAMINER		SIGNED_	9/17/	85
WO WE SEE	7	EXAMINER'S N.	AME .		4					-		7.			
TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		(TYPE OR PRINT		Dennis F.				DDRESS	111	Penn S		alto.	MD.		
100149		SPECIFY]	ON, REMOVAL 2	B DATE	23c. N	IAME OF CEME				23d. LOCA	TION	77 364	RYL	ANT D ST	TATE
07/84 BP		RIAL		9-20-85	BA	LTIMOR	E C	EMET			TIMOR				=11
25M DHMH - 17		UNERAL DIRECT		ADDRESS	-				Sa. DATE F	P	GISTRAR 256			3.4	Ber)
(VR A15 ME (5))	W	M. C. M	IARCH F	/H 110 Ts	E. N	ORTH A	VEN	UE	SE	L 19	985	1,70,71,6014	W 144301	n-Hande	



9117	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH  REG. NO.										
poge 3	I DE	CEASED NAME FIRST	L R	OBE	RSON	20. DATE OF DEATH	7 f.	5 PEAR 1	HOUR 15 M				
ge 4 moy	3. SE	×	1 RACE B	5 DATE C		6. AGE (IN YEARS LAST BIR	HDAY IF U		OURS MIN.				
neral dire	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	& MARRIEI WIDOWE	NEVER MARRIED D	BALTIMORE CITY O		DEATH	MD.				
by the fu	10 0	BALTIMORE	11. NAME OF HOSPITAL, NURSIN UNIVERSITY H			120 USUAL OCCUPATION (1YPE GEWORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (1YPE GEWORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (1YPE GEWORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (1YPE GEWORK FOR MOST OF WORKING LIFE)  121 KIND OF BUSINESS OR (1YPE GEWORK FOR MOST OF WORKING LIFE)							
3	JSU Jān	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131 CITY OR TOW	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 1928 Wall	zip.conf	Ave.21	217				
A Ky	14.F	SINKLER STANK	MIDDLE ROBERS	on .	15. MOTHER'S MAIDEN NAM	WIDDLE		PACK					
oo ex	16a N		MED FORCES? 166 SOCIAL SECU 214-44-		17 INFORMANT LILLIE MAE	ROBERSON							
physicic anpopers emavol.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one D BY: TE CAUSE (b) CAKD (	OPU	LMONARY	ARRES.		APPROXIMATI BETWEEN ONSE	T AND DEATH				
uires that the death c signed by the ottendir then please remave cost buriol, cremotion, or jury, or other traumatic	z	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to											
hos been in permit The ene prior to been bus only in the prior to be the prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS					
CIAN: The graphs cut entiticate tol: transit mid Hygurem 18 she		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR								
ottending ter this of is the bur h and Me	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE				
ETOR: Af for use of for use of for use of 121 is mo		22a I certify that (I) (this haspi sow the deceased alive on	otol) oftended the deceased from 19.	15 .00	d that in (my) (our) apinion o	to	, 19_ ote and hour or		t (I) (we) lost ses stoted				
OSPITAL OR A ed by the hos UNERAL DIREC d be detached he State Dept RTANT. If them		22d. PHYSICIAN'S NAME (TYPE O	Bayand Pay G	KAON	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	IAN	22c. DATE SIG	185				
TO FUN should b with the IMPORT	230	BURIAL CREMATION, REMOVAL	123b, DATE 123c 1	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	7/1	USPIT	71				
BP	В	ÜRTAL			HILL CEMETE	RY ANNE A	THE RESERVE AND ADDRESS OF THE PARTY OF THE	CO.	ID E				
OHMH - 16 60M 7/B4 (VRA 15, 4)		M. MC. MARCH F	F/H 1101 E. ADDR NO	RTH .	AVENUE 250. DAT	EP 11	of the second	SSIGNATURE	en little				

STATE OF MARYLAND



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 Ave. 21217

REGISTRAR		CERTIFICA	TE OF D	HTA		REG. NO.			35		
1 DECEASED NAME FIRST (TYPE OR PRINT) Euni	MIDDLE CE	ROB	ERTSC	)N	20. DATE OF D	ember 2			25 HOUR PM 2:40 M		
3 SEX	4 RACE	S. DATE OF B			6 AGE IN YEA	RS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER 24 HRS		
Female	Black	10	1	16	68	Y	RS.	DATS	HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED C	NEVER A	AAPPIED T	9 BALTIMORI	ECITY OR COL	INTY OF DE	ATH			
Virginia	U.S.A.	WIDOWED		VORCED	Baltimore City						
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		THER INST	ITUTION	12a USUAL OC	CUPATION OR MOST OF WORK			F BUSINESS OR		
Baltimore	Maryland Gene	eral Ho	al Hospital					7031K1			
USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU	or other institution give residence before UNITY 13c. CITY OR TOWN Baltimo	N 113d	INSIDE C	ITY LIMITS?	13e.STREET AD	DDRESS / ZIP (	CODE Roya	l Av	re.2121		
14 FATHER'S NAME	MIDDLE LAST	15.		MAIDENNA		WIDDIE		ŁAST			
Judge	Farrar	100		lie		WIDDIE		£A51			
	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17	INFORMA	NT		ADDRESS					
NO NO OR UNKNOWN) (IF YES, G	214-22-	6090 F	losa	Rober	tson 8	28 N.	Luze	rne	Avenue		
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and	dje e	Λ	. 1			-	APPROXI	MATE INTERVAL INSET AND DEATH		

PART I. DEATH WAS CAUSED B IMMEDIATE C			
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF JOB CONSEQUENCE OF J	areton liver la	odiune:
PART 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1:0
198 DATE OF OPERATION	196 ONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO 🏋	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCI	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)

211 LOCATION

DEGREE

orked or Item 18

PORTANT: If hem 21 is

CERTIFICATION

MEDICAL

BALTIMORE, MARYLAND 21201

W. PRESTON ST.

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

Darshan S. Saluja, M.D. 230 BURIAL, CREMATION, REMOVAL

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on obove. (1) (we) (did) (did not) view the body ofter death

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNAHIR

BURIAL

21e. PLACE OF INJURY

9/28/85

AT HOME STREET, FACTORY OFFICE, FARM ETC !

23c NAME OF CEMETERY OR CREMATORY King Memorial Park Randallstown, COUNTY

22e ADDRESS

c/o Maryland General Hospital

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN DI

Md STATE

STATE

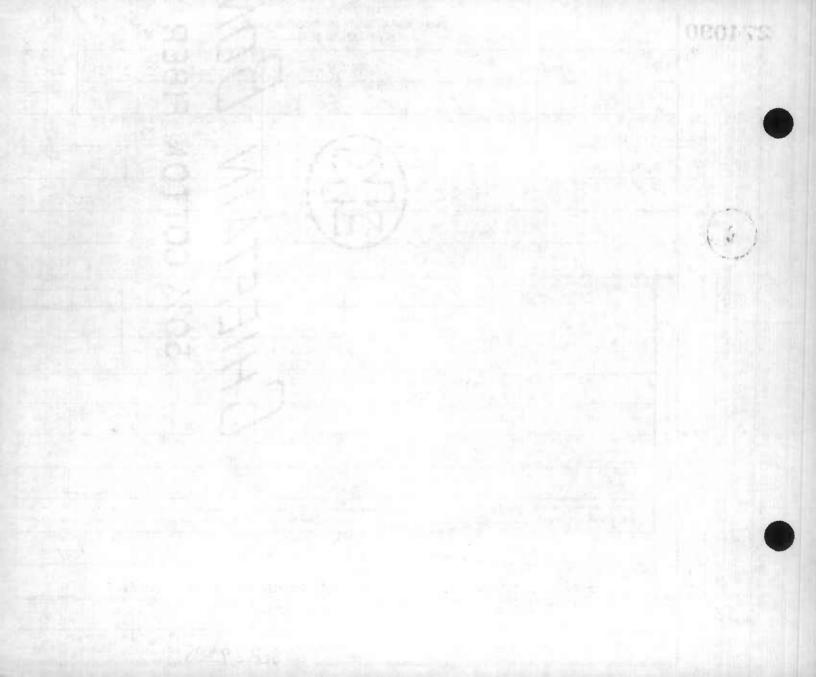
COUNTY

22c. DATE SIGNED

9/24/85

24 FUNERAL DIRECTOR Wm C<sup>™</sup>March F/H Inc. 1101° E North Avenue

BY REGISTRAR 25% REGISTRAR'S SIGNATURE



PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

5 4 7 9

	REGISTRAR '			CERTIF	ICATE OF DEATH	REG. NO	).		4
	CEASED NAME OR PRINT)	CARROLL	WIDDLE	ROBI	NCON		MONTH DAY	YEAR	26 HOUR
3. SE	X	4 RACE		S. DATE (		6 AGE LINYEARS LAST BIRT	HDAY) IF (	INDER I YEAR	IF UNDER 24 HRS
	male		ite	11		58	YRS.	THS DAYS	HOURS MIN.
	RIHPLACE (STATE OR F	OREIGN 76 CITIZE	N OF WHAT COUNTRY	(? B	DENEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
1	Md.		.S.A.	WIDOWI	ED DIVORCED	BALTIMORE C			MD.
r/C	ITY OR TOWN OF DEA		T IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE)	INDUSTRY	F BUSINESS OR
	LTIMORE		ON MEMORIA			deliver	yman	bldg	supp.
130 5		Dor.	136 CITY OR TO	WN	136 INSIDE CITY LIMITS? YES NO	13 e. STREET ADDRESS /	ZIP CODE lonia	l Ave	. 2161
14 FA	THER'S NAME	Marca Marca			15. MOTHER'S MAIDEN NA				
	Samuel	Abel	Rob:	inson	Bertha	WIDDLE		Will	ey
	VAS DECEASED EVER			CURITY NO.	17 INFORMANT	ADDRE	SS		
1	NO NO OR UNKNOWN)	(IF YES, GIVE WAR OR D	213-2	2-779	Nanalee	Robinson	Item	# 13	MATE INTERVAL
MEDICAL CERTIFICATION	190 DATE OF OPERAL  210, A CIDENT VAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	which nediote g the lost.  DUE lost.  DIFICANT CONDITION  TION  19b. CAUSE OF DEATH CAL EXAMINER)	TO, OR AS A CONSEQ  (b) CRAWIA:  TO, OR AS A CONSEQ  (c)  ONS CONTRIBUTING TO  CONDITION FOR WHICE  TELIAL - VE  IME OF INJURY UR A.M. MONTH  P.M.	UENCE OF  DEATH BUT  THOPERATION	WALFOREMANO 216 HOW INJURY OCCUR	MINAL DISEASE OR COND	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	GS USED
MEDI	sow the decease	(this hospital) attended along the did (did pot) view the	PLACE OF INJURY ONE STREET, FACTORY, OFFICE  ded the deceosed from  100  200  200  200  200  200  200  20	9/ 85.0	211 LOCATION STREET  3 , 19 8  nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN ( 22e ADDRESS	to 9// death accurred on the do	. 19. te and hour an		
	BRIAN S	ZURA. M.D.			LINTON MEMO	RTAL HOSPITZ	AT.		

231 NAME OF CEMETERY OR CREMATORY

Dorchester Memori

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached to with the State Dept of MPORTANT: If he

> 24 FUNERAL DIRECTOR FUNERAL HOME CAMBRIDGE MD.

23b. DATE

9/16/85

230 BURIAL, CREMATION, REMOVAL

burial

Cambridge Dor' Md.

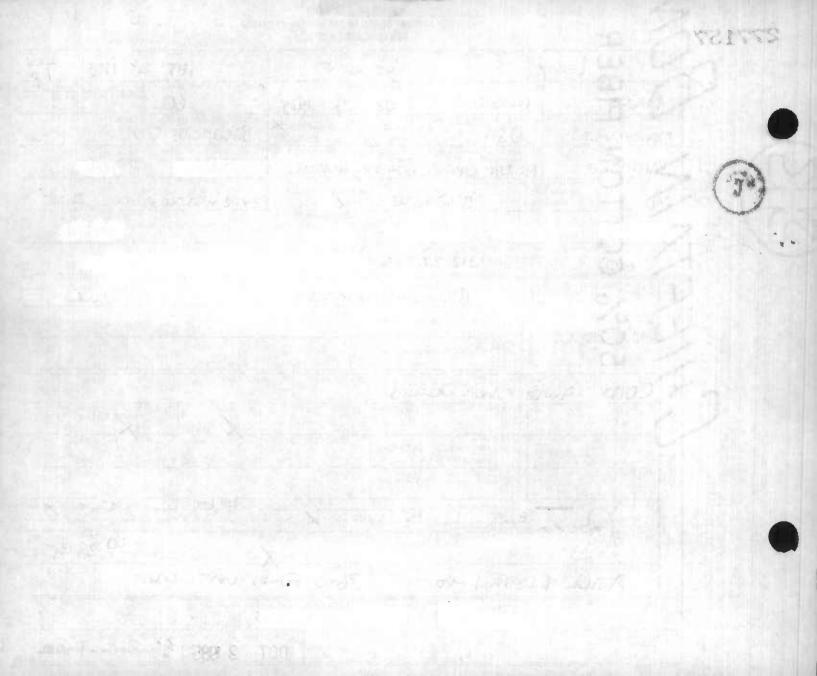
23d LOCATION

UNION MEMORIAL HOSPITAT

274166 for it was in was in the

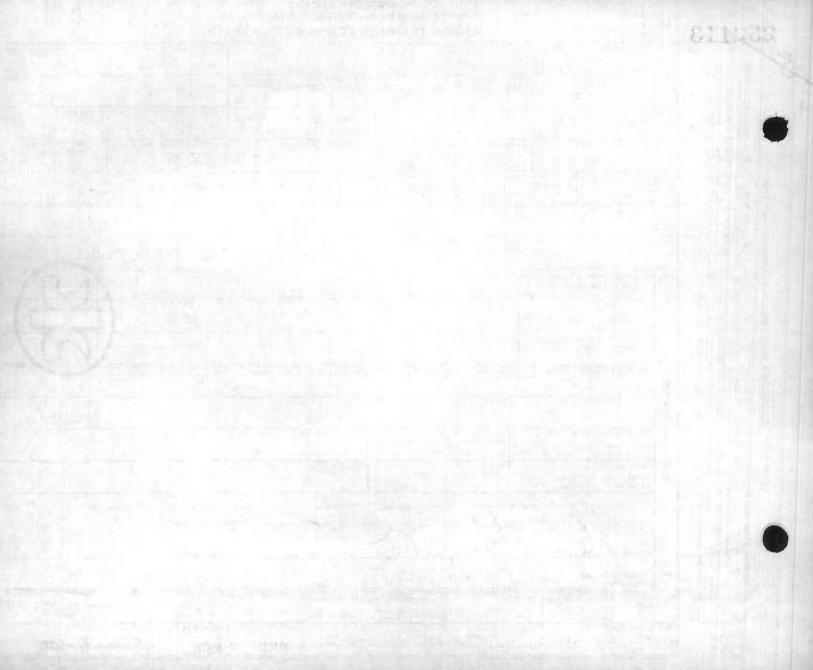
77157	1.	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.								
eath		CEASED NAME FIRST LEROY	MIDDLE	Ros	12001	20. DATE OF DEATH MONTH D	1985 705				
to the state of	3. SE	MALE	1. RACE NEGRO	S DATE C	Z9 1425	ACC (Marie Marie Marie Marie	IF UNDER LYEAR IF UNDER 24 NS				
The State of the s		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BAUTIONE CITY OF COUNTY	. 1				
	11	PANNORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET NOTAL CHUES	WENEN	ROTHER INSTITUTION  K HOSPITAL	TYPE OF WORK FOR MOST OF WORKING LIFE LABORER	126 KIND OF BUSINESS OF RUBBER CO.				
	130	AD 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 131. CITY OR TOW	VN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 2432 W. WLO SM	NG 21215				
d complete	160	ATHER'S NAME  EROY  WAS DECEASED EVER IN U.S. AI		JRITY NO.	15. MOTHER'S MAIDEN NA. "RST MARIE  17. INFORMANT	ME MIDDLE ADDRESS	LANE				
ofe be as	-	40	nly one cause per line far (a), (b), ar	nd (c)		GIBBS, 2432 W. COL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
by the attending s by the attending s ose immore corbon I, cremotion or ten other traumatic re-		Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last.	DUE TO, OR AS A CONSEOU    DUE TO, OR AS A CONSEOU	ENCE OF	Alborran		ZWS				
equires 14 n signed 1 Then plea r to buriol injury, ar	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  ON THE TURN WELLOWS									
he low re on. has beer i permit. iene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED VING CAUSES OF DEATH?				
SICIAN. Tog physical physical certificate entitle Hyginal Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	?1¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)				
attendir attentis as the bu th and M orked or	MEDICAL	216 INJURY OCCURRED  WMILE OF WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)	FARM ETC )	?11 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ATTENDI Spital or SCTOR A J for use of Heol		sa the least olive or	ottended the deceased from 19 view the body after death.			death occurred on the date and hour	9, that (1) (5) loss and from the causes stoted				
TAL OR, y the horacle Control of the		27b. SIGNATUR			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-29-C5				
TO HOSPITA etoined by TO FUNERA should be de with the Stat			on houses.		3640 FU	os uns uns					
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) BURIAL	.10-4-1985	ARBUTU	EMETERY OR CREMATORY  S. MEMORIAL PA						
DHMH - 16 60M 7/B4 (VRA 15, 4)			UNERAL HOME, INC LS PARKWAY, BALT			E REC'D. BY REGISTRAR 256, REGISTR	ar's signature				

STATE OF MARYLAND



	1						FMARYLA						3	
26710	C	FOR = STATE			DEPART	MENT OF HEA	LTH AND N	MENTAL	HYGIENE		2 5	mi d	5 4	
SOS TH	O	REGISTRAR		ME	DICAL	<b>EXAMINER</b>	S CERTIF	CATE	OF DEATI	H R	EG. NO.			
	1.	DECEASED NAM	NE FIRST		WIDDLE		LAST		20	DATE KNO		ONTH DAY	YEAR	25 HOUR
		OR PRINT)	Torri			De	L			OF EST	II- AIA		1985	
E CE SAS	4		Loui		Robinson  DEATH MATED 9-18  DATE OF BIRTH  6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE  MONTH  D. MON									М
S 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A 1	SEX	4. RACE	5. DATE OF BIRTH	YEAR		ONTHS DAYS	HOURS		DATE	MO	NTH DAY	YEAR	7:35
N 2 OUR		Male	Black	1 28	01	84 YRS.	0.11.0	HOURS	, max.	DEAD		9-18	1985	a. M
STA X X	7	BIRTHPLACE		76 CITIZEN OF V	VHAT COUN	TRY? 8.			9. [	BALTIMORE	CITY OR CO	DUNTY OF		
ECESSARY, PLEASE INGRAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS	11	South	Carolin	U.S	.A.		arried $\square$ nowed $X$	DIVOR		Baltin	nore C	ity,		MD.
5 H H B -	11	CITY OR TOWN	OF DEATH			RSING HOME, OR	OTHER INSTIT	UTION	120 USUAL	OCCUPATIO	N (TYPE OF W	ORK 126 KI	ND OF BUS	SINESS
STATES.	20	Baltir	noro	(IF NOT IN SUCH I		ion Stree	+		FOR MOS	T OF WORKING L	FE)	O	R INDUSTR	Y
BENER	100			OR OTHER INSTITUTION.			L							
AANY AND NETA IOUIC	251	Marylar	_ 136 COU		13c. CITY	ortown	13d. INSIDE		130 STREET	ADDRESS	ction	Stre	eet2	1217
A PERSON	-	FATHER'S NAM					IS MOTE	HER'S MAII	DENNAME					
# H-1895	mm	John		WIDDLE	Dok	inson		FIRST		MIDDLE			LAST	
S 33	1		ED EVER IN U.S. AI	2450 0000500		CIAL SECURITY NO	17. INFOR		Е	AD	DRESS			
N Dados	26	(YES, NO, OR UNKN		E WAR OR DATES)			10000							
A AMERICA	4	NO			250	-05-562	5   Aza	alee	Bass	6615	Spri	ng Mi	111	Cir.
0.32	1	18 CAUSE	OF DEATH (Enter o	nly one cause per lin								A	PPROXIMATE WEEN ONSET	INTERVAL
n 13787	7	PARTIC	EATH WAS CAUSI	ATE CAUSE (a)	rteri	oscleroti	c Card	iovas	cular D	)isease	>	56.1		AND DUALITY
DUE TO, OR AS A CONSEQUENCE OF														
TOWNER BE	*	Canditi	ons, if any, which	1										
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A BENEFIT	9		use last.	DOE TO, O	K AS A CON	NSEQUENCE OF						100		
M 5 0 0 0	5			(c)										
DADS EXE EXE H A BC H A B	WA		SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	H BUT NOT RELA	LTED TO THE TERMINAL C	SEASE OR CONOITI	ON GIVEN IN I	PART 1 (a).					
A A SEE SE	5	19a. DATE O			130									
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-S FOR YOUR FILES. WITHIN 72 HOURS Mary 19 85 9-Louise Robinson 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 12:55 DATE 62 VDS PRONOUNCED Black emale DEAD YRS 1985 p. M AND 3 TO THE FUNERAL D. RETAIN PAGE 5 FOR YO SHOULD BE FILED, WITHIN 7 RECORDS, 201 W. PRESTON 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Virginia U. S. A. Baltimore City, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Housewife Baltimore Watty Court USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD, 21201 laryland 13d. INSIDE CITY LIMITS? 113h COUNTY Baltimore 13.427 Watty Ct. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Johnson Lillian Johnson Mark 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS DIVISION Ethel J. Carlisle 3408 Meadowbridge Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 INER: THIS CATE, WRITING THE WEELER MILE.
CTOR: PACE 3 SHOULD BE USED AS A STATE DEPARTMENT OF HEALTH
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N. I. STATE DEPARTMENT OF MILE.
N. CERTIFICATION Obesity 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] XXON 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21 LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK Inspection XX 22a I certify that I took charge of the remains described above, held on Autopsy death resulted from Natural causes XX Homicide Undetermined manner Accident TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9 - 4 - 85EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Virginia Richmond, Evergreen Cemeteru Burial 07/B4 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 Bailey-Douglass Funeral Home 1348 Calhoun St. whia Davidson-Randall (VR A15 ME (5))





## STATE REGISTRAR

DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

REG. NO. 20 DATE OF DEATH MONTH

750 DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2	4000
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	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Roge 4 more e-hospital or uttending athoricals.	DRECTOR: After this settlibate has been signed by the attending physical and compitaty filled in by the funeral director, por schedible use as the flurial framilibering. Then plance samples contampled. Page from pand? should be filled within 77 hours after a flure of Meanth and Meanth Facebox policy to build, creation, as seminated.
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	Keith A.					1818 Pot Sp	pring Road,	<u> Fimoni</u>	ium, Md	. 21093			
	230 BURIAL, CREMATION Cremation	, REMOVAL	23b. DATE 9-3-8			EMETERY OR CREMATORY  ew Mem. Park	23d LOCATION CITY OR TOWN Baltimo:	re, Ma	county	STATE			

1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

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DHMH - 16 50M 4/83 (VRA 15, 4)

NAME W.C. March F/H

23a BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

9/26/85

23b. DATE

E. North ave

ADDRESS

1101

23c. NAME OF CEMETERY OR CREMATORY Memorial

STATE OF MARYLAND

73d LOCATION Baltimore.

HOPKINS

Country

22c DATE SIGNED

COUNTY

2h HOUR

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Md.

IF UNDER 24 HRS

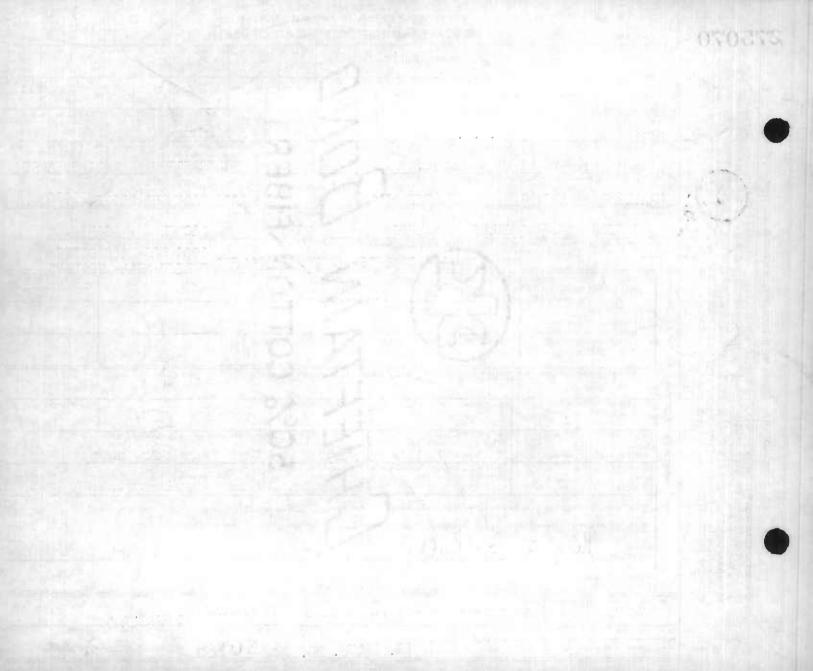
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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

HOSPITAL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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DHMH - 16 50M 4/83 (VRA 15, 4)

14 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.

MEENAKSHI

23ª BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

BALTO. MD

PATEL

23b. DATE SEPT. 11, 1985

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Savidson-Randale

BALTIMORE

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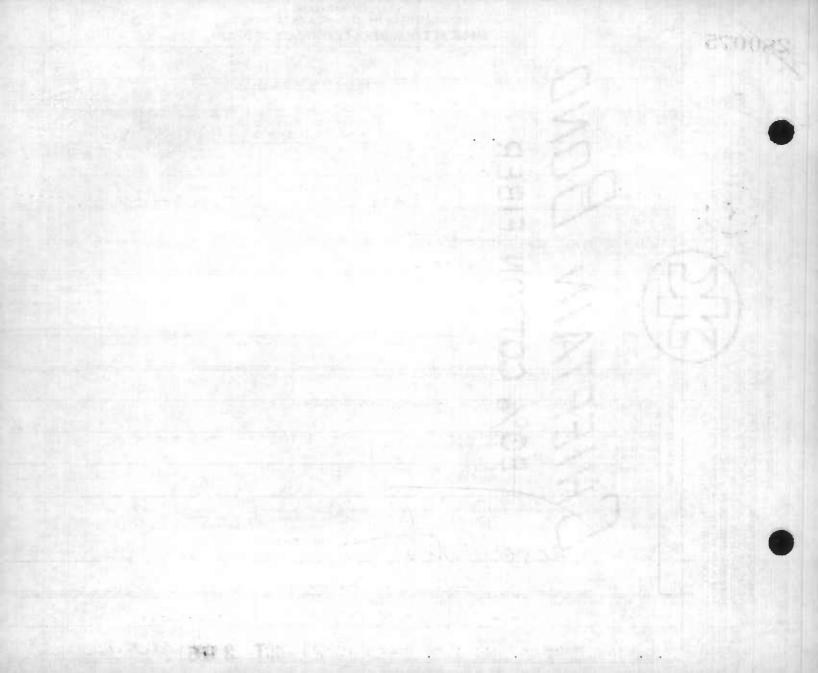
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

Loudon Park Cemt.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave.

Burial

Baltimore

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IF UNDER 24 HRS

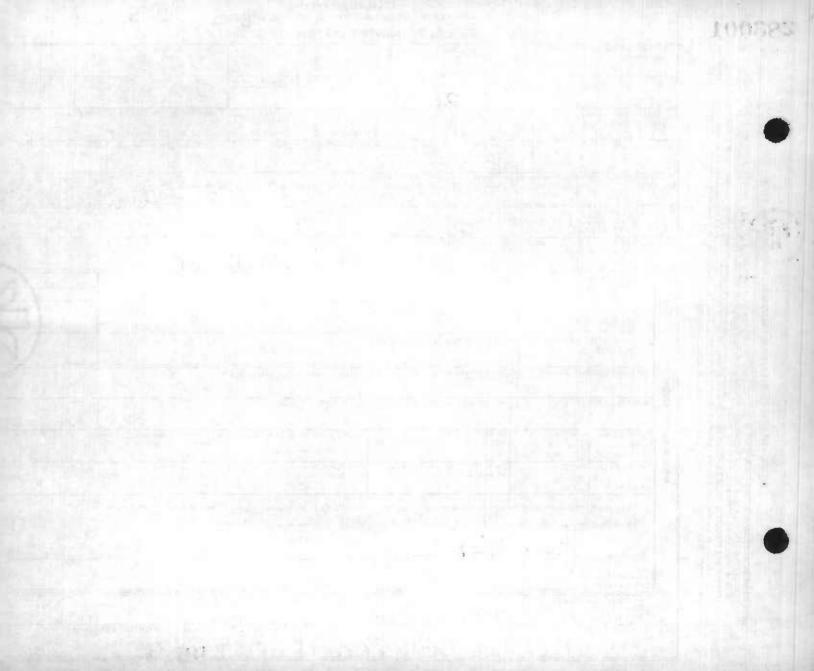
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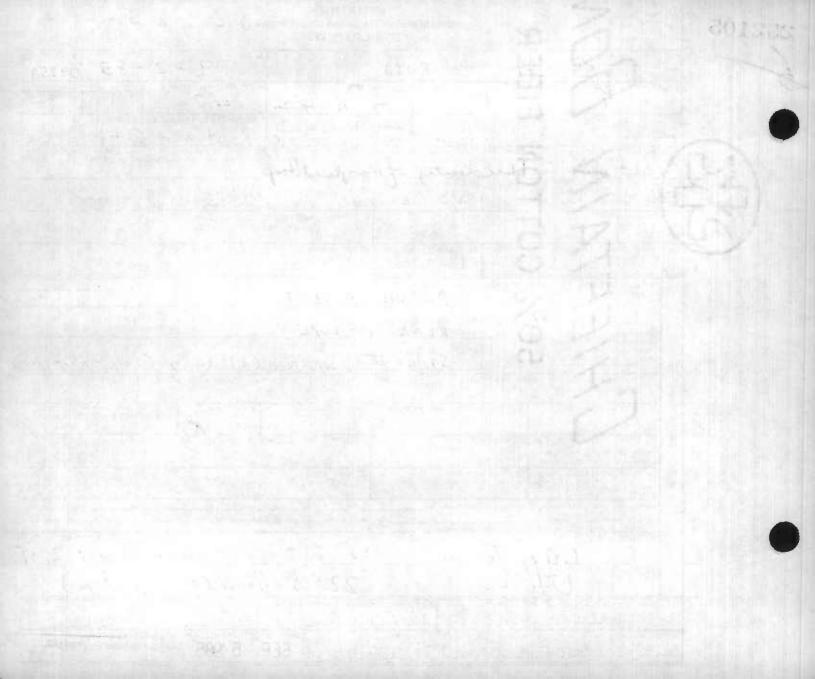
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F		SIGNATURE.	-				M.ſ	)		MED	ICAL EXAMINE	R	SIGNED_		
	-	EXAMINER'S (TYPE OR PRI		egory R. K	auffr	man, M.	DA	DDRESS_	111 F	Penn	St., Ba	alto.,	Md.	2120	1
	23c. B		TION, REMOVAL 2			NAME OF CEM					CATION OR HOWN		COUNTY	9	ATE
		URIAL		9/16/85	Ki	ing Me	mori				idalls			Md.	
		NERAL DIRECT		ADDRESS					250. DATE R		REGISTRAR 2				
)	Wn	n C Ma	rch F/H	Inc. 11	01 F	E Nort	h Av	enue	SEH	13	1985	Wa Jou	Market A	This med a loss	

Balto., MD

FOR

(VRA 15, 4)

Cremation Society of MD

23¢ NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

d b

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

10/2/85

Steven H. Pearlman

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

WALLE BUHLANDA

Baltimore

Maryland

STATE

2h HOUR

12b. KIND OF BUSINESS OR

Real Estate

APPROXIMATE INTERVAL

Unavailable

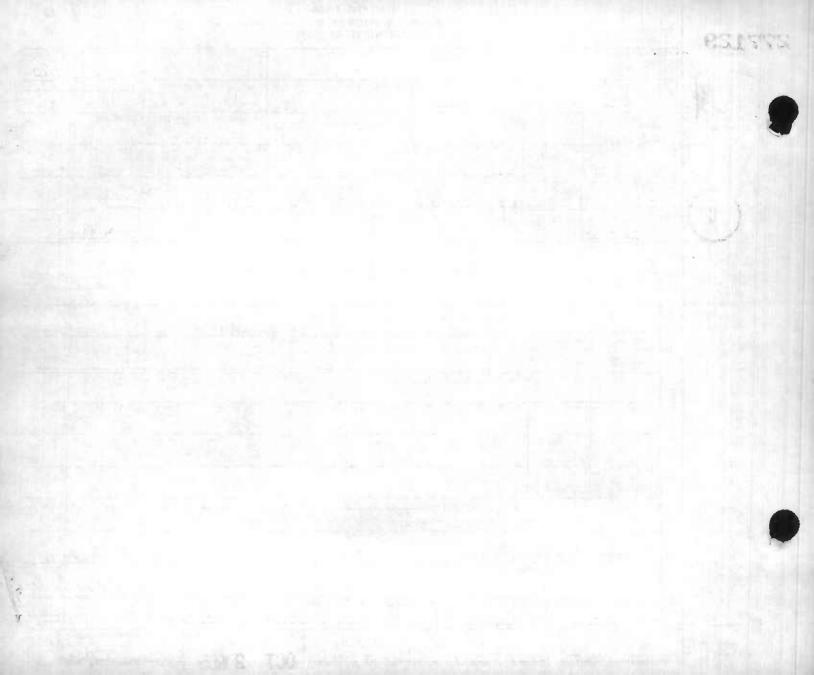
IF UNDER TYPAR

INDUSTRY

21227

COUNTY

22c. DATE SIGNED



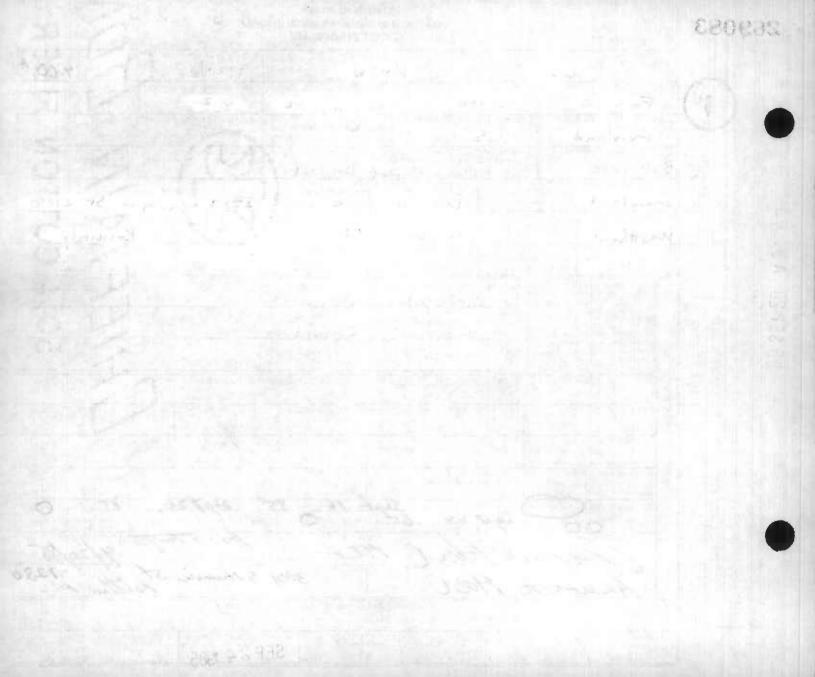
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		E	FIRST		MIDE	DLE		LAST		2a. D	ATE KNOW	VN V MO	NTH DAY	YEAR 76. HOU	
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	cause (a	) stating t		DUE TO	OR AS A	CONSEQUEN	CE OF	et G. T. Co		4.386					
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88								HOW INJURY C	OCCURRE	D (ENTER NATUR	OF INJURY IN I	TEM 18 PART 1	OR PART 2)		
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000	214 INJURY	OCCURRE	D	21e PLA	CE OF IN	JURY (AT HOM						-			
E	WHILE	NOTW	HILE	STREET	T, FACTORY, F.	ARM, ETC )		STREET		CITY	OR TOWN		COUNTY	STATE	
	AT TO SEE	AI WO	/// N		-										
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	death resul	red fram:	Natura	auses X	, Acci	dent .	Suicide	, Hamicio	de 🔲	Undetermin	ed manner	□.			
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	SIGNATURE	_	X	11	-		-	M.D. ASSI	STan	MEDICAL	EXAMINER			J-0J	
-	EXAMINER'S	NAME	0		) V-		MD		111	Ponn	troot				
	(TYPE OR PR	INT)													
230 B	URIAL, CREMA	TION, REA	MOVAL 236	. DATE		23c. NAME OF	CEMETERY	OR CREMATOR	RY	23d LOCAT	NON WH		COUNTY	STATE	
	Bu	cial		9/18/8	5	Loudo	n Park			Balt	imore			Maryland	
24. F	UNERAL DIRE	CTOR		AD	DRESS		2122	29 25							
H	ubbard	Fune	ral H			07 Will	kens A	ive.	SEP	1919	5 30	ha David	lson-As	ndesse :	
	10. BI 1779  SED M. C. BI 160 V 177  160 V 177  230 B 181  24 FI	- STATE REGISTRAR  DECEASED NAM ITYPE OR PRINT)  SEX  Male  10. BIRTHPLACE (15 FOREIGN COUNTRY)  MATYLAT  I. CITY OR TOWN  Baltim  SUAL RESIDENCE 10. STATE  MATYLAT  14. FATHER'S NAM PRIST  OSCAT  16. WAS DECEASE IYES, NO, OR UNKIN  YE'S  18. CAUSE O PART I DI  Condition gave r cause (a lying co.  PART 2 0THER'S  170. DATE OI  170. DATE OI  171. EXTERN  UNDERLYING CONTRIBUT 210. INTERNATION 211. INTERNATION 212. I cert death result  EXAMINER'S  230. BURIAL, CREMA ISPECIEV)  24. FUNERAL DIRECT  26. BURIAL, CREMA 1. SPECIEV  24. FUNERAL DIRECT  25. FUNERAL DIRECT  26. FUNERAL DIRECT  27. FUNERAL DIREC	THE REGISTRAR  DECEASED NAME ITYPE OR PRINT)  SEX  4. RACE  Male  Whi  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MATYLAND  HILL CHY ORTOWN OF DEAT  Baltimore  SUAL RESIDENCE (IF IN NURS)  10. STATE  MATYLAND  14. FATHER'S NAME PRIST  OSCAT  160. WAS DECASED EVER IN IYES, NO, OR UNKNOWN)  YES  18. CAUSE OF DEATH PART I DEATH WA  Conditions, if on gave rise to in cause (a) stating t lying cause last.  PART 2 OTHER SIGNIFICANT II  OCONTRIBUTING  CONTRIBUTING  CONTRIBUTING  170. DATE OF OPERAT  WHILE WHILE AT WORK  AT WORK  270. I certify that 11 death resulted fram:  EXAMINER'S NAME EXAMINER'S NAME EXAMINER'S NAME ISPECIFY  BUTIAL  230. BURIAL, CREMATION, REI ISPECIFY  BUTIAL  24. FUNERAL DIRECTOR  NAME	THE REGISTRAR  DECEASED NAME ITYPE OR PRINT)  SEX  4. RACE  Male  White  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  11. CITY OR TOWN OF DEATH  Baltimore  SUAL RESIDENCE (IF IN NURSING HOME OR 170. STATE  170. STATE  170. COUNTY  Maryland  171. FATHER'S NAME PRIST  OSCAT  180. WAS DECEASED EVER IN U.S. ARM 172. NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED  IMMEDIATE  Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT (ONOTITIONS CO  Chroni  170. DATE OF OPERATION  170. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. I certify that I took charge death resulted fram: Natural  EXAMINER'S NAME (TYPE OR PRINT)  Gree  230. BURIAL, CREMATION, REMOVAL 236  BURIAL, CREMATION, REMOVAL 236  BURIAL  24. FUNERAL DIRECTOR NAME	THE REGISTRAR  DECEASED NAME ITYPE OR PRINT)  SEX	DECEASED NAME  ITYPE OR PRINT)  SEX  4. RACE  4. RACE  5. DATE OF BIRTH MONTH DAY  MAIL  5. ENTRY OR TOWN OF DEATH BALT INDEE  SUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESI 10. STATE 13. COUNTY  MARYLAND  14. FATHER'S NAME PRIST  OSCAY  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 175. NO, OR UNIXNOWN) 175. WW II  18. CAUSE OF DEATH (Enter only one cause per line for (conditions, if only, which gave rise to immediate cause (a) stating the underlying cause last.  Conditions, if only, which gave rise to immediate cause (a) stating the underlying cause last.  Conditions 176. DATE OF OPERATION  177. DATE OF OPERATION  178. DATE OF OPERATION  179. DATE OF OPERATION  179. DATE OF OPERATION  179. CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH WHILE AT WORK  172. L'estify that I taak charge of the remains described death resulted fram: Natural Jouses  178. Cause of Resident Control of Control	TESTATE REGISTRAR  DECEASED NAME ITYPE OR PRINT!  SEX A RACE S DATE OF BIRTH MONTH DAY YEAR 6. AGE I LAST BIRTHPLACE (STATE OR TORKER) TORKEGN COUNTRY)  TO CITIZEN OF WHAT COUNTRY?  TO CITIZEN OF WHAT COUNTRY.  TO CITIZEN OF WHAT COUNTRY.  TO CITIZEN OF WHAT COUNTRY.  TO CITIZ	TOECEASED NAME    TOECEASED NAME   FRIST   MIDDLE	THE STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFIC  DECASED NAME   FRST	SEAR REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF RECORD	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	DECEASED NAME   FIRST	STATE   REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REGINO   DOCUMENT   RE	STATE   RECISTRAR   REC. NO   REC.   REC.	



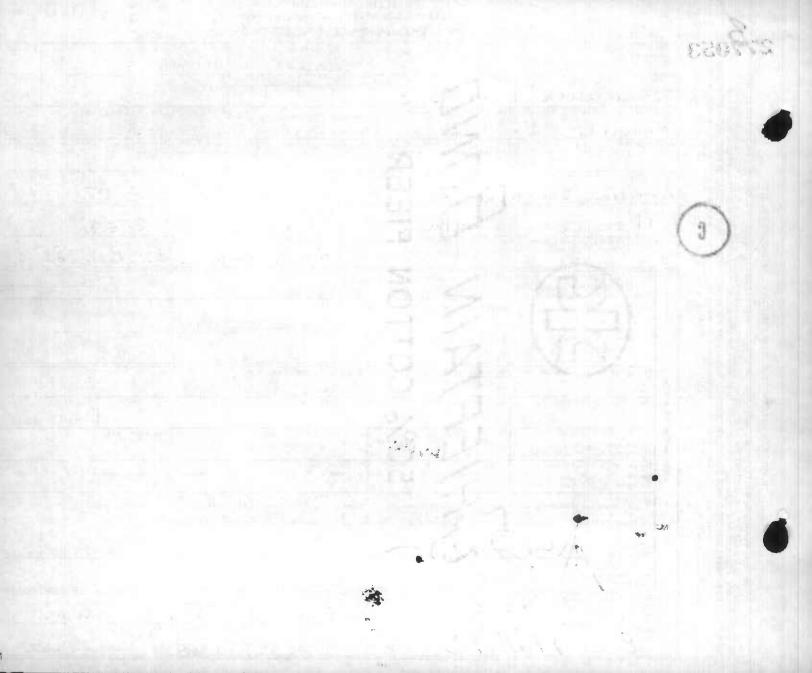
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH COMPRESSED AND ADDRESSED. CORIAN SALMON DEATH MATED 1985 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED 6:15 BIACK DEAD 1985 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? & BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARyland WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LITTE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Johns Hopkins Hospital IAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONA 13e STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? ATHER'S NAME 15 MOTHER'S MAIDEN NAME MON 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Intracerebral hemorrhage IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Ruptured arteriovenous malformation gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURL YES | NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Inquiry Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** 9-26-85 M n Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NA ADDRESS 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. TYPE OR PRIN 231 NAME OF CEMETERY OR CREMATOR STATE 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 2 ( N. Mom (VR A15 ME (5)) risha Davidson-Randell

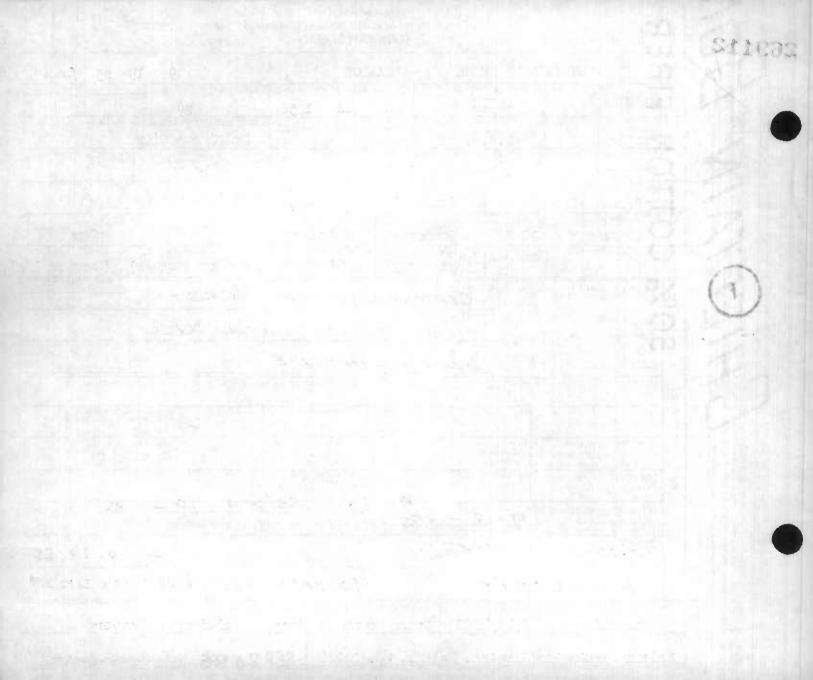


BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

269112

	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLA EALTH AND M ICATE OF D	ENTAL HYGI		2 EG. NO.	5	3	0
1	1. DECEASED NAME	FIRST		MIDDLE	L/	AST .	J.E.J.B.	20. DATE OF DE		DAY	YEAR	26 HOUR
1	(TYPE OR PRINT)	STEF	HEN	MARK	SA	NDOZ			9	19	85	940A M
Ì	3. SEX	MI OF	4 RACE		5 DATE O			6 AGE (IN YEARS	LAST BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 24 HRS
1	MALE		WHI	TE	HTMOM 8	14	1956		29 YR		DATS	HOURS MIN.
1	To BIRTHPLACE (S	TATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	□ NEVER M		9 BALTIMORE			EATH	
2	Maryla	nd	U.S	.A.	WIDOWE		ORCED	Balti	more C:	ity		MD.
1	10 CITY OR TOWN	OF DEATH	St. A	CINES HO	ospital	R OTHER INST	TUTION	120 USUAL OCC (TYPE OF WORK FOR	MOST OF WORKIN		KIND O DUSTRY	F BUSINESS OR
5	USUAL RESIDENCE 130 STATE Maryland		OR OTHER INSTITUTION UNITY	GIVE RESIDENCE	TOWN City	13d INSIDE CIT	IY LIMITS?	8300 Ch	RESS / ZIP CO Urch La	ode ane	2104	3
7	Walto		NMI		ndoz		abeth	MI	DDLE		Bak	er
2	YES, NO OR UNKNO		ARMED FORCES? GIVE WAR OR DATES)		5/4991	17 INFORMAN		3. Sando	z (Mot)	ner)	(Sa	me as 13
2	Conditions, gave rise cause (a), underlying  PART 2 OTHE	if ony, which is to immediate stating the cause last.  R SIGNIFICAN  DPERATION	DUE TO, O  DUE TO, O  DUE TO, O  Column T CONDITIONS CO	R AS A CONS R AS A CONS ONTRIBUTING	EQUENCE OF COURSE OF	YNDA NOT RELATED	S S S	NAL DISEASE OF	? 20b. IF	GIVEN IN	PART 110	MATE INTERVAL JUNSET AND DEATH  VGS USED  OF DEATH?  NO
	OR CONTRIBUTION	WAS UNDERLYING  NG CAUSE OF  IFY MEDICAL EXAMI	OEAIN -	M. MONTH	DAY YEAR	21c HOW INJ	4	ED (ENTER NATURE	OF INJURY IN ITEM	18 PARTIC	R PART 2)	
	WHILE AT WORK	NOT WHILE AT WORK		REET, FACTORY, OF	FICE FARM, ETC )	STREET	0-	CII	Y OR TOWN	C	OUNTY	STATE
	saw the	deceased alive (we)(did)(did	spital) attended the an anity view the bady	8-	19_85, an	DEGREE	TENDING	eath occurred on	STAFF .		2c. DATE	
	R		HOTR	A		-	CATON	) AVE		7,1	ים פרי	21229
	23a BURIAL, CREMA (SPECIFY)		23b. DATE 9/20/	1985	Green M			23d LOCATIO	imore,	Mary	NIY 2 and	STATE
1	24 FUNERAL DIREC			1903	Green M	ount Ce		REC'D. BY REGIS				
	Walter E	Brooks F	Bradley I	nc. Ba		. 21222		2 / 108	180.			ander.



275076

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1000000
I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Charl	es c Ludwig	Schacher	9 9	27 85 8:31A M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Male	White	June 03 1902	83 YRS	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FORFIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore City	<b>y</b> ME
Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Agnes Hosp:		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L ACCOUNTANT	126 KIND OF BUSINESS OR INDUSTRY Railroad
IJO STATE 136/COL	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY   13c CITY OR TOW TOWSON		130 STREET ADDRESS / ZIP COD 800 Southerly Re	
FATHER'S NAME	MADDIF	15 MOTHER'S MAIDEN N.		
FIRST U	MROLEN OWN LAST	FIRST	UNKNOWN	LAST
160 WAS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT	ADDRESS	
NO (IF YES G	705-09-00	014 Fliasboth Co	chacker 800 South	orly Way 21204
Y	1,00 05 0		Macket 000 South	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a) MY YOCA	RDIAL INFAM	LCTION	PAYS
Conditions, if any, which	DUE TO, OR AS A CONSEQUE	FIC ATHERO	SCLEROSIS	YEARS
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE		7	
underlying cause last.	(c)			
	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GI	VEN IN PART Ita
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
TIFIC				FYING CAUSES OF DEATH?
00.000.000.000.000		AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
(IF EITHER NOTIFY MEDICAL EXAMIN		19		
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	211 LOCATION	CITY OR FOWN	COUNTY STATE
AT WORK AT WORK	(AFFICIAL STREET FACTOR OFFICE F	AM CIC J		
22a I certify that (I) (this has	oital) attended the deceased from _	, 19	, ta	, 19, that (I) (we) las
sow the deceased alive a	n1919	. and that in (my) (aur) apinion	death accurred an the date and ha	ur and from the couses stated
22b. SIGNATURE	ari view the bady after death	DEGREE		22c. DATE SIGNED
Charles 9	Til	MIND ATTENDING	MEDICAL STAFF	- 9/27/01
y ames	1 denles	PHYSICIAN	DIRECTOR PHYSICIAN	11010

23a. BURIAL, CREMATION, REMOVAL

Burial

Willes 224 PHYSICIAN'S NAME (TYPE OF PRINT)

> 23b. DATE 09-30-85

23c NAME OF CEMETERY OR CREMATORY
Loudon Park Cemetery

22e ADDRESS

23d LOCATION
CHY OR TOWN
Baltimore

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

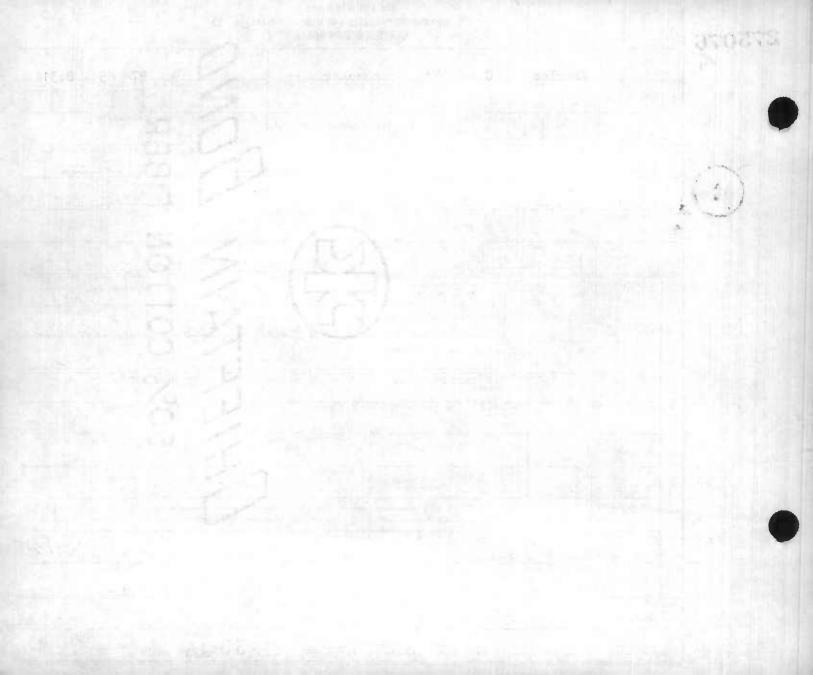
and Mental Hygiene priar ta burial, crematia

IMPORTANT: If them 21 is marked or them 18

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 Wilkens Avenue

AYLOR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 3 0 1985

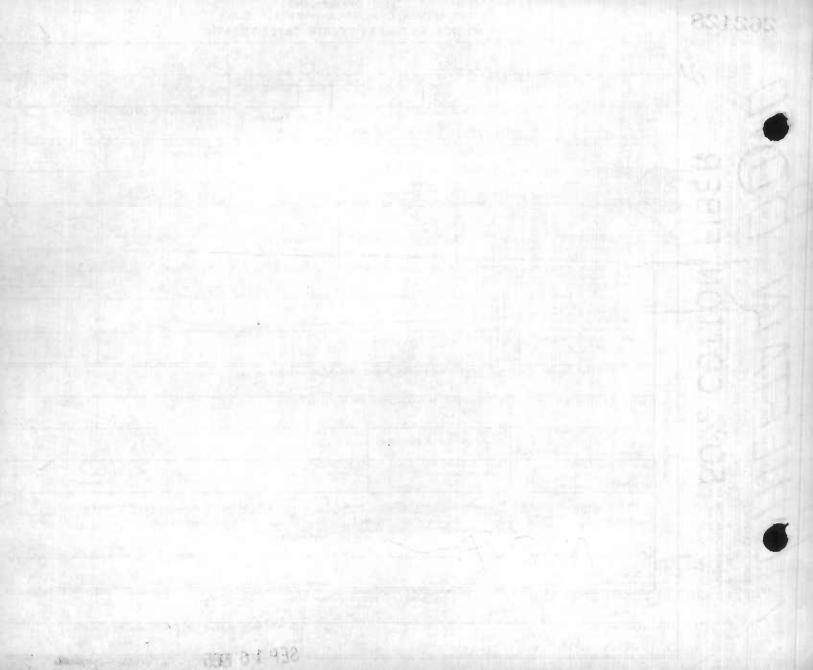


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 262128 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-BRAUN DEATH MATED RUTH SCHAEFFLER 1985 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IE LINDER 24 HRS DATE 2d. HOUR LAST BIRTHDAYS PRONOUNCED DEAD 09 Female White 10 76 YRS 19 85 a BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED T DIVORCED Baltimore City IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION LITTE OF WORK 1126 KIND OF BUSINESS CULD BE FILED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 3952 Benzinger Rd. Baltimore Crossing Guard ISUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13b COUNTY 13c CITY OR TOWN STIMIL VID BOISM BEI 13e STREET ADDRESS Maryland Baltimore 12 Oaklee Village 21229 YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE John Butcher Braun Carrie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 214-01-3831 Albert L. Rheb 3352 Wilkens Ave. 21229 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? JAR. III.

ACIE, WRITING.

TOR: PAGE 3 SHOULD BE USE

CATE DEPARIMENT OF I DIVISION OF VITAL YES [ NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK X 228 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Natural causes Accident Suicide Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-12-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto. MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Baltimore Maryland 9/16/85 Baltimore Natl. Cem. Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)) June varidant from



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

REG. NO

25504

_							MESS. IN	Physics .		
1		CHARRALL	454	MIDDLE		IASI	74. DATE OF DEATH	MONTH DA	AT THE	76. HOUR
4			IZABETH	М.		CHLAFFER	SEPTEMBER	make the second of the second		2am M
1	1.5E		4. RACE			OF BIRTH	& AGE (INTERSTANT N		SHOW THEN	FUNDER 34 HRS.
-		FEMALE	W	HITE	OCT	. 27 1890 "	94	YRS.	0.0	104
rf		RTHPLACE STATE OF FORE	On The CHIZE	N OF WHAT COUNTRY	19 E	ED NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY C	OF DEATH	
		MD.	U.	S.A.	WIDOW		BALT	IMORE C	TTY	MD
1	10.01	ITY OR TOWN OF DEATH	II. NAM			OR OTHER INSTITUTION	IZe. USUAL OCCUPAT	ION	12k KIND C	OF BUSINESS OF
Н	BA	ALTIMORE		G GREEN NU		HOME	HOMEMAK		INDUSTRY	
1		AL RESIDENCE OF NURSING					Or Some Street	100-000		
₹		MD.	COUNTY	BALITIM		YEST NO []	2201 PETH		. 212	13
1	Desc.	ATHER'S NAME	772	1222	-	IS MOTHER'S MAIDEN NA	The second secon	TAT TIVE	. 6.1.6.	13
A	3	BERNARD	WIDDIE	RETHMAN		TRIPATOR	MODIA		1,63	M.
H	The V	WAS DECEASED EVER IN	15 ARMED FOR	N 1860 (E. S. 10) (M. 10) 1	CURRY NO	UNKNO	ADDR	£55		
П	- 6		HES. GOVE WAR CIR DA			BARBARA MAR	TTN (NTEYTE)	SAME 7	ADDRES	S
1					1	1 ///	1111 (1111011)	CACALITY.	-	
1		PART I DEATH WAS	mer only one cou CAUSED BY	ne per line for rat, this	and its (	11/1/1-				ONGLE PHE DEATH
- 1		BAN	MEDIATE CAUSE	(0)		1/1/		_	0.0	day
П		10.00	DUE	TO, OR AS A CONSEQ	UENCE OF	Tron,	117		P. J.	/
1		Conditions, if any, will gove rise to immed		(b)		(10).C			-	
1		couse (a), stating	the DUE!	TO, OR AS A CONSEQ	UENCE OF					
1		underlying couse	not.	6			11			
1		PART 2. OTHER SIGNIFI	CANT CONDITIO	NS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
_	9		-							
3	CERTIFICATION	IN DATE OF OPERATION	196 C	ONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20s. AUTOPSY?		WERE FINDING CAUSES	
	TIE				56104		YES NO	YES	100	NO 🗆
	8	\$16. ACCIDENT WAS BRIDERS	feed . Lighter	ME OF INJURY	DAY YEAR	TIL HOW INJURY OCCUR	RED (ENTER WATLAN OF PUR	No resigna 18, Folk	FT DR FHET 21	
	3	OR CONTRIBUTING CAUS	COPPRAIN	P.M.	19					
1	MEDICAL	214 INJURY OCCURRED		LACE OF INJURY	Navara .	2H LOCATION	Office to	Thirty .	countr	STATE
1	Z	MONTH DA NOWNER		OHE STREET FACTORS CHIC	T. TAMOS S. S.	hon	0/	11	do	
1		27s I certify that (I) (thi	bespital offere	ind the decrared from	4	14//19	_ 10_ // 1	6	100	that (I) (we) last
1		sow the deceased of obove, (I) (we) (did)			W. C.	nd that in (194) (our) opinion :	death occurred on the d	ate and hour o	and from the	couges stated
1		77% SIGNATURE	m Dy	2/ 0//	0	DEGREE			724 DATE	SONED /
1		XA)	-01	MELKIA	10	M ATTENDING	MEDICAL STA	FF CIAN ET	191	17/83
+		724 PHYSICIAN S HAME	(THE OF SHIP)	y you		77¢ ADDRESS	- Contract		1/	1/00
		DR.	WM. G.	HELFRICH		5006	Roland Ave	nue	- /	/
1	22a. f	BURIAL CREMATION, REA	AOVAL 136 DA	TE 230	NAME OF	CEMETERY OR CREMATORY	234 LOCATION			1
	1	BURTAL.	9/1	8/85	HOLY D	EDEEMER	BATTTIM	OPE	COUNTY	MD

DHMH - 16 60M 7/84 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

62039	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 5	5 5	0 5
by be death	(TYPE	ORPRINTI WETTIE		MIDDLE V.		ELKOPE	9/12/	85		805 PM
oge 4 me	3 SE:	RTHPLACE (STATE OR FOREIGN	1 RACE	WHAT COUNTRY?	S. DATE O	F BIRTH 1896	6. AGE (IN YEARS LAST BIRTH  9. BALTIMORE CITY OR	39 YRS MON		IF UNDER 24 HRS
the funeral of within 72 h	Ra	I to Co Md. TY OR TOWN OF DEATH	II S	HOSPITAL, NURSIN	WIDOWEI G HOME O	NEVER MARRIED DO DIVORCED ROTHER INSTITUTION	PACTIM 12a USUAL OCCUPATIO UYPE OF WORK FOR MOST OF I HOUSEWITE	ORE	CITY	MD. F BUSINESS OR
filled in by rould be filed from from the filed in the fi	130. 5	Balto.  AL RESIDENCE (IF NURSING HONDITATE 136 CO		GCY HOSPIT  GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Balto.	ADMISSION)	134 INSIDE CITY LIMITS?	Housewise  13e.STREET ADDRESS / 1  41 N.Monast	ZIP CODE I	Balto.	,Md.
be executed within on ond completely. Poges ond 2 sh medicol examines	Ióo V	THER'S NAME FRST  WILLIAM VAS DECEASED EVER IN U.S. VAS DECEASED EVER IN U.S. (18 YES	MIDDIE  H. ARMED FORCES?  GIVE WAR OR DATES!	Turnbaugh	RITY NO.	15 MOTHER'S MAIDEN NAME FORST  17 INFORMANT 41 N Louis J. Schoe	Monastery		Blan - Balt 1229	che
ertificate to sicro		IB CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe USED BY: DIATE CAUSE (0)	r line for (0), (b), one		HEART FA	ILURE		-	MATE INTERVAL INSET AND DEATH
that the death of by the ment of oil, of ments or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	DR AS A CONSEQUE						
n signer Then pl	NO		_	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN	IN PART 110	
the low rich.	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO [	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	GS USED OF DEATH?
SICIAN: 1 ag physic certificate inal-trons ental Hyg frem 18 sh	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A	.M. MONTH DA	Y YEAR	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
offer this for the both ond M	MEDI	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
ATTENDII sspitol or ECTOR A for use of Heali		22a I certify that (I) (This sow the deceased alive above, (I) (10) (did) (di	on 9/1	2 19 €		d that in (my Tour) opinion o	, to	e ond hour on	nd from the c	
TALOR PALDIRE detached detached tote Deprior		226. SIGNATURE	X 1. a	us, m			MEDICAL STAFF	AN	9/12/	
etoined by TO FUNERA should be de with the Stol		WALTE					MORE, MI	0 212 0 212	229	
BP		URIAL, CREMATION, REMOV SPECIFY) Burial	9-16-8	35 Lo	oudon	Park Cemetery	23d LOCATION CITY OR TOWN Balto.			Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	G.	Trillman Sch	tWAB 31	ALMADETE	TO. N. # 21	129 250 DAT	P 1 9 1985	b REGISTRAT	r's signatu Wid <b>oo</b>	Mandale

3331 Brehms Lane, Balto. Md. 21213

(VRA 15, 4)

STATE OF MARYLAND

item 16b, Tilm#G607-

-11-52 03.1/1= Billions, w. William verill, e her 2749 Italian Lyo 21293 Onleimbro

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majorgina areas

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST PE OR PRINT) WILLIA		G. SCI	HULTH	est EIS	20 DATE OF DEATH	MONTH - 24	1-85	BE A
3. S	EX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS.
1	Male	White		May	03 1926	59	YRS		NOUNS ARINA
70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B MARRIE	XXNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1	Maryland	0.S.		WIDOWE	D DIVORCED	BALTIMOR	E CITY	Y	MI
19/1	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET MEMORIAL	ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST CONTROL ELECTRONI	F WORKING LIF	E) INDUSTRY	Employe
13a	STATE	DR OTHER INSTITUTION UNITY timore	134. CITY OR TOW Arbutus		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7145 Wate			1227
191	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			Į AS	
1	Walter	D.	Schulthe	is	Mildred	E.	(	Gray	
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	Yes (IF YES W	II	214-20-8	965	Frances Schu	ltheis 7145	Wate:	rloo Ro	ad 212
	Conditions, if ony, which gove rise to immediate couse in stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR								0
10N									
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		S, WERE FINDING CAUSES	
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	PEAIN	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 P	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a L certify that (1) (this ho- sow the deceased pive above, (1) (we) (did) (did 22b SIGNATURE	on Stert.	24 19	05,01	d that in (my) (aur) apinion o		ate and hou	22c DATE	SIGNED
	M. Hadd	Kawl E OR PRINT)	go n	3	ATTENDING PHYSICIAN	MEDICAL STAI		9/29	1/85
	M. KEITH RAV		I.D.		UNION MEMOR	RIAL HOSPITA	AL.		

BP.

TO FUNERAL DIRECTO should be detach

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 09-27-85 Burial

231 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d. LOCATION Baltimore

Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) COUNTY STATE , and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED STAFF ATTENDING MEDICAL aureur PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 77e ADDRESS \$ G Green Meadow Pkeys 230 BURIAL, CREMATION, REMOVAL 73b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL RANDALLSTOWN SEPT.29,1985 BETH EL MEM. PARK SOL LEVINSON&BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD (VRA 15, 4)

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

AT HOME

IF UNDER 24 HRS

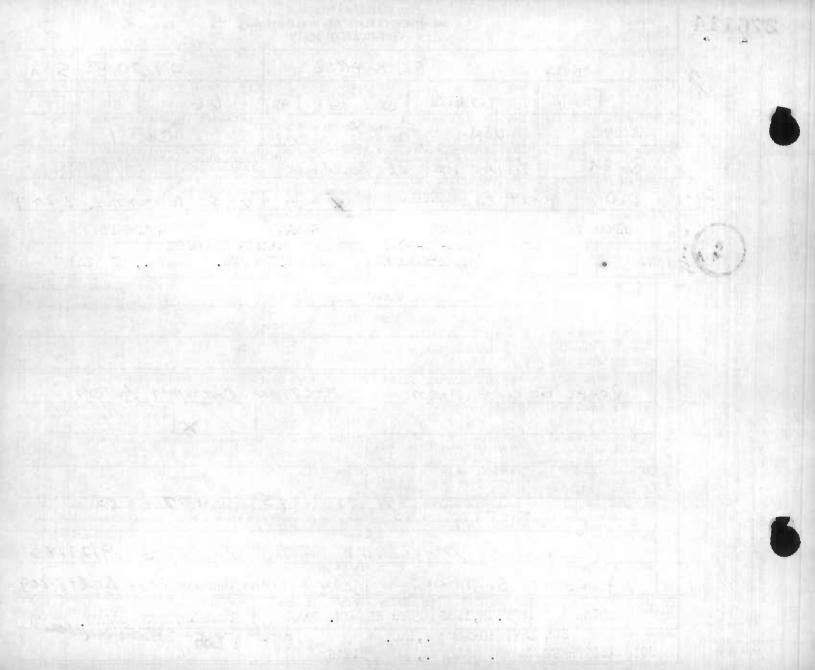
DAY

YEAR

DAYS

IF UNDER I YEAR

DHMH - 16 50M 4/83



STATE OF MARYLAND 281014 DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH 26 HOUR TYPE OR PRINTS Stella 4. RACE IF UNDER 24 HRS 1. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNIOER 1 YEAR 19.14 BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Baltimore DIVORCED [ MARYLAND WIDOWED CILY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SINAI HOSPITAI MERCHANT RETAIL WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY 13e.STREET ADDRESS / ZIP CODE CITY OR TOWN 13d INSIDE CITY LIMITS? ALTIMORE relvedere 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIR51 MIDOLE FIRST MEYER LUBMAN TDA SANDLER 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OPTIMIOWN) | 11F YES, GIVE WAR OR DATEST ALAN KRITT ADDRESS PT. 4C 166 SOCIAL SECURITY NO. 17 INFORMANT KKKKKKKKK MID PINE CT. OWINGS MILLS, MD 2111 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSTOUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2] 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) ettended the deceased from > sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT mo 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL ROSEDALE OCT.2,1985 BALTO. SHAAREI ZION SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) 6010REISTERSTOWN RD. BALTO., MD 21215

Carl Valve en h to de a tou  DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

0040	1-	FOR 10-9-8512 STATE	9 PER.PH.CA	LL	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES 5	2 5	3	0
82010	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE			AST	REG. NO		Y YEAR	2h HOUR
oy be age 3 death	{TYPE	GRACE			SCOT	r	SEPTEMBE		200	11:38AM
moy moy	3. SE	(	4 RACE	30	5 DATE C		6 AGE (IN YEARS LAST BIR	- 1	UNDERTYEAR	IF UNDER 24 HRS
ge 4		F	В		4	10 06	79	YRS	NIHS DAYS	HOURS MIN,
orh. Par 72 hou 72 hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?		D NEVER MARRIED	9 BALTIMORÉ CITY O BALTIMORI	_	FDEATH	
he fun within	10. CI	ryland TYORTOWN OF DEATH  Itimore	U.S.A.  11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C CHURCH HO	ME H	CSPT	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND OF INDUSTRY	BUSINESS OR
24 hours	US US	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		212 ton A	
4	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM			1241	
P 1 30		omas	Sc	ott		Julia			n ( S	cott)
xecon		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECU	RITY NO	17 INFORMANT	ADDRE			
be e	no					Betty Price	2402 Loc	ch Rav		
eoth certhicote thendine physic on, or renoval umatic esert t		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CO	DIOP	ULMOI	NARY ARREST			BETWEEN OF	ATE INTERVAL NSET AND DEATH
that the d by the of case removing, cremate		gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CO	ONSEQUE	NCE OF					
equires in signed Then ple r to burn injury, a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO D	EATH BUT	NOT RELATED TO THE TERM	nal disease or con	DITION GIVEN	N IN PART 110	
he law r	CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOI	RWHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, Y IN CERTIFYI YES	WERE FINDING NG CAUSES (	GS USED OF DEATH? NO
g physical g physical g physical control by g physical front g physical from the g physical g physi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MON	VTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T ( OR PART 2)	
attendin ottendin ter this os the bu h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR	Y OFFICE, F		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ATTENDIA cospital or ECTOR: At ed for use of the of Healt em 21 is mo		220 1 certify that (I (this hosp	SEPTEMBER2	9 19 1	85 01	MBER13 1985 and that in (my) populated a	toSEPTEME			
by the h by the h RAL DIR detache state Dep		224 PHYSICIAN'S NAME (TYPE O	Llulo	~8		ATTENDING	MEDICAL STAF DIRECTOR PHYSIC			29 1985
etomed by TO FUNER, should be d with the Sto		MUKESH LUH	AR, MD.			N. BROADWAY				ION, 100 1231
	(	URIAL, CREMATION, REMOVAL SPECIFY)	23b DATE	23€ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		JRIAL JNERAL DIRECTOR	10-3-85	7	ION_	25a DATE	Raltimo			ryland
DHMH - 16 60M 7/84 (VRA 15, 4)		.C.MARCH F/H		E .	NORH	0.0	T 2 1985		ars signatu	

LAST ADDRESS 214-12-1663 MARION R. SCOTT JR. 1624 ABBOTSTON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF should be deta DIRECTOR PHYSICIAN MPORTANT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) STATE BALTIMORE MARYLAND 9-20 -85 EASTVIEW CEMETERY BURIAI 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

21230

IF UNDER 24 HRS HOURS

IF UNDER I YEAR

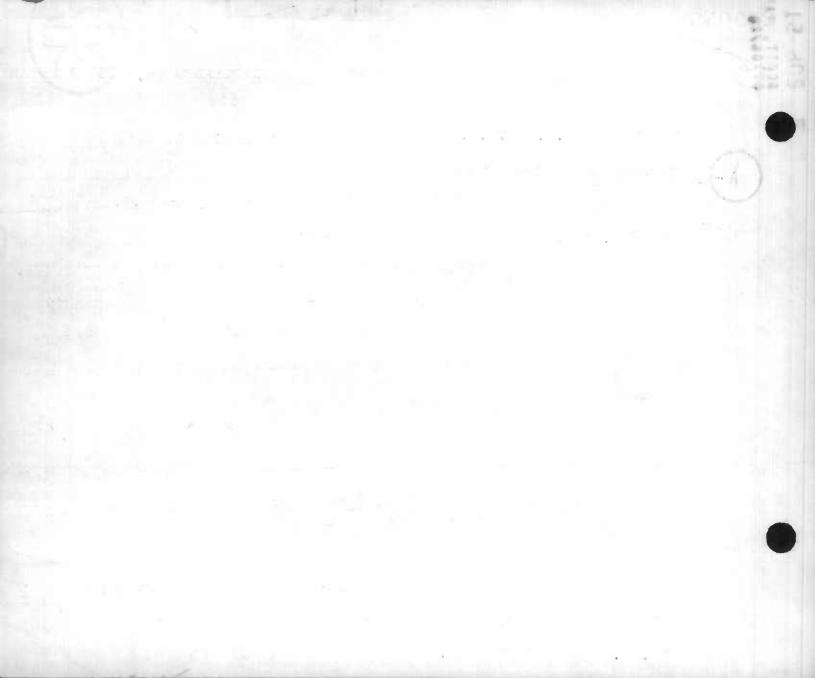
INDUSTRY

YRS

- STATE

REGISTRAR

266034



- STATE

REGISTRAR

14 FATHER'S NAME

CERTIFICATION

MEDICAL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

	REG. NO.		35.73		М.
	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR
	SEPTEMBER 12	. 19	85	03:	56F
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
		MONTHS	DAYS	MOURS '	MIN.
	YRS				1
	BALTIMORE CITY OR COUNT	Y OF DI	EATH		
	DATESTACRE C	TMSZ			
J	BALTIMORE C	TII			MD.
	120 USUAL OCCUBATION	12b	KINDO	F BUSINI	ESS OR

DECEASED NAME Pey Levor TYPE OR PRINTI BABY GIR SCOTT 3. SEX 5. DATE OF BIRTH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL BALTIMORE

130 STATE COUNTY

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c

IMMEDIATE CAUSE (0)

13d INSIDE CLEY LIMITS?

15 MOTHER'S MAIDEN NAME

58

for mations

160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY.

166 SOCIAL SECURITY NO VONE

DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost

190 DATE OF OPERATION

AT WORK

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

aprosencenha

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.
WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM

211 LOCATION

YES T 216. HOW INJURY OCCURRED (ENJER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

19 ETC) STREET

9

YEAR

COUNTY CITY OF TOWN that (I) (we) lost

220 I certify that (I) (this hospital) attended the degeosed from sow the deceased alive on see 17 the above. (I) (we) (did) (did not) view the body after death

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

200 AUTOPSY?

NOF

22c. DATE SIGNED

22e ADDRESS

HOPKINS HOSPITAL THE JOHNS

230 BURIAL, CREMATION, REMOVAL

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be det with the State IMPORTANT:

DIRECT

DIVISION OF

24 FUNERAL DIRECTOR

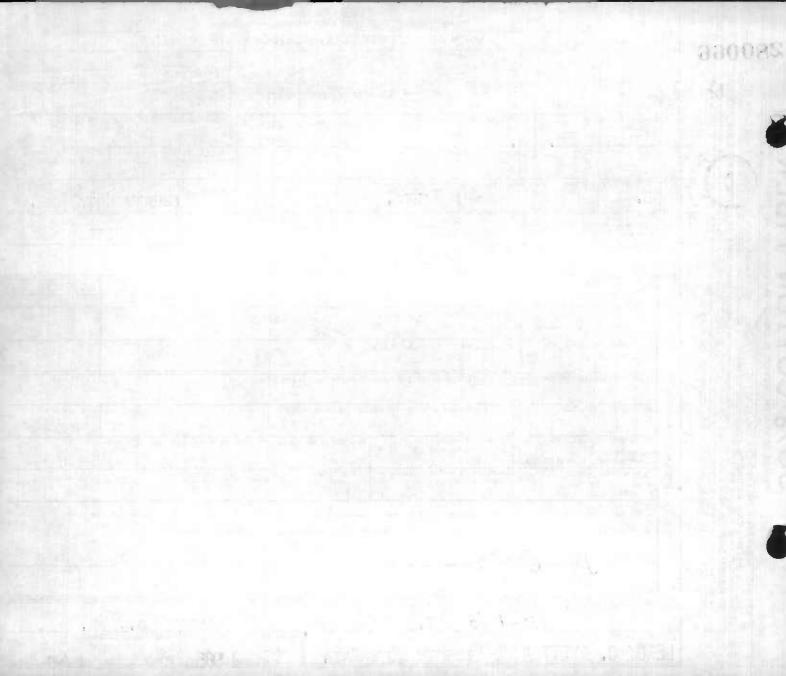
ADDRESS 2222

250. DATE REC D BY REGISTRAR 256
SEP 23 1095

REGISTRANISSIGNATURODINASSE

reha hour town hands to

DHMH - 17 (VR A15 ME (5)) EROY O. DYETT 4600 LIBERTY HGTS AVE.



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5

J		REGISTRAR		CERTII	FICATE OF DEATH	REG. N	10.			
	1. DEC	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUI	R
	(TYPE	Willia Willia	.m		Scott	September	7, 1	.985	5:30	P
1	3. SEX	(	4. RACE		OF BIRTH	6 AGE IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR		
1	MA	ALE	BLACK	MONT	2 3 2 6	5.9	YRS	MONTHS DAYS	HOURS	MIN.
1	_	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	8 SAS	23 20	9 BALTIMORE CITY	- 110		1	
1		OUNTRY)		MARRIE	D NEVER MARRIED	Baltimo				
4		ALTIMORE TY OR TOWN OF DEATH	U.S.A.	WIDOW		120 USUAL OCCUPAT			OF BUSINE	M SS OI
1		altimore	Maryland Ger			(TYPE OF WORK FOR MOST				33 0
4			OR OTHER INSTITUTION GIVE RESIDENCE BE		134 WISIDE CITY LIMITS?	1124 STORET ADDRESS	/ 7IP COI	DE		
į	MP	ARYLAND 136 COU	BATTE	TORE	YES NO	13ASTREET ADDRESS	prin	g Cour	t 21	23
1	14 FA	THER'S NAME	MIDDLE LAST	45	15. MOTHER'S MAIDEN NA	AME	•			
J	EI	DDIE SCOTT	WIDDLE		DELIA SC	COTT		LA	21	
1	60 V	VAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	ADDF	RESS			
١	YE		IVE WAR OR DATES	2-936	ATMA C	COOME OOF	CDD	TNG GO	TID III	
1					P ALMA G.	SCOTT 205	SPR	ING CO	XIMATE INTER	EVAL
ı		PART I. DEATH WAS CAUS						1000		DEATH
ı	100	IMMEDIA	ATE CAUSE (a) Respin	ratory	Arrest			minut	es	
ı			DUE TO, OR AS A CONSE					mc	onths	
١		Conditions, if any, which	( b) Brain M	letasta	asis			me	/II VIII B	,
١		cause (0), stoting the	DUE TO, OR AS A CONSE							
J		underlying cause lost.	o small ce	ell car	rcinoma of P	enis		1,1	2 yea	rs
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE OR CO	VDITION G	SIVEN IN PART 1	a	
	CERTIFICATION									
,	CA	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND		
J	E	BASE FILL				YES NO		YES	NO [	
	8	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	8 PART I OR PART ?)		
١	4	OR CONTRIBUTING CAUSE OF DE	EAIN	19	No. of the last					
١	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					
ı	Z	E NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	CE FARM ETC	STREET	CITY OR T	OWN	COUNTY	51	STATE
ı	2		pital) attended the deceased fro	Augu:	st 29 10 85	Septem	ber 7	10 85	that X (v	we) la
١		now the deceased alive a	n September 719	85.0	nd that in (Xy) (our) opinion	deoth occurred on the	dote and he	our and fram the	causes sto	oted
1		776 SIGNAMEN	of) view the body ofter death.	A .	DEGREE			22c DATE		
		Meller	Corses	Mud	ATTENDING		AFF /	91	9/5	-
		270 PHYSICIAN'S NAME (TYPE	ORBERT C	/	PHYSICIAN 122e ADDRESS	DIRECTOR PHYS	CIANTA		10	, –
		MAIN HARZ	ROSSINI, IK	., M.h						
1		101101111	103311	/						

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURILA

23b. DATE 9/13/85 23c NAME OF CEMETERY OR CREMATORY GARRISON FOREST

WATORY 234 LOCATION CITY OF TOWN

SST OWINGS MILLS MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 256 PARKS

24 FUNERAL DIRECTOR WM. C. MARCH F/H 1101 E. NORTH AVENUE

Of real court, fired property	8000	no LUCE	
THE PERSON			
	And agreed Throughly Earling		30
	Justice Considerable (Int.)		
6184			

7 1	FOR STATE REGISTRAR	DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	ENE 8 5	25516
1. D	ECEASED NAME FIRST PE OF PRINTS	MIDDLE	CRIVEN	2e. DATE OF DEATH	9-22-85 12:15
8 3 5		RACE S. DA	TE OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 74  MONTHS DAYS HOURS A
5 70.	BIRTHPLACE (STATE OF FOREIGN 76 COUNTRY)  Maryland	USA WIDG	RRIED NEVER MARRIED A		RCOUNTY OF DEATH ORE City
Y	Baltimore	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Good Samaritan F	Hospital	12a USUAL OCCUPATION OF WORK FOR MOST OF REGISTERS	F WORKING LIFE) INDUSTRY
130.	JAL RESIDENCE (IF NURSING HOME OR OI STATE aryland Balti	mer institution give residence before admission in the more sidence before admission in the more more than the more more in the more more more more more more more mor		I Foothil	ZIP CODE 21093
30	ATHER'S NAME Walter Scriver	DDLE LAST	15. MOTHER'S MAIDEN NAM		LASI
2 160	WAS DECEASED EVER IN U.S. ARME (YES NO OF UNKNOWN) (IF YES, GIVE W		O. 17 INFORMANT  OI Hugh F. Coyl		rsdale Ct. m, Maryland 21093
	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost.	ONE COUSE PER line for 101, (b), and (c) 8Y.  CAUSE (a) METAST  DUE TO, OR AS A CONSEQUENCE 6  1b) DUE TO, OR AS A CONSEQUENCE O		EAST STASIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 110
ERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
- 1	21- ACCIDENT WAS HADERLYING	235 TIME OF INTURY	21. HOW IN HIRV OCCUPRE		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.I certify that (1) (this hospital) attended the deceased from

saw the deceased alive on\_ above, (I) (we) (did) (did not) (our) apinion death occurred on the date and hour and from the causes stated

PHYSICIAN

22e ADDRESS

RAVEN BU 23d LOCATION

23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. 23b. DATE (SPECIF Burial Sept. 25,1985 Dulaney Valley

Timonium, Baltimore Co., Md.

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

MEDICAL

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

250 DATE RES D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE INCLUDE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

TO HOSPITAL

etoined by

BP.

TROUBLE 921 5618-96-19 MEDINIS Cullet Three wiells MD TULLIO EMANUELE GYH SOUL LOCH RAVENBU

- STATE

24 FUNERAL DIRECTO

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO []

STATE

that (I (we) last

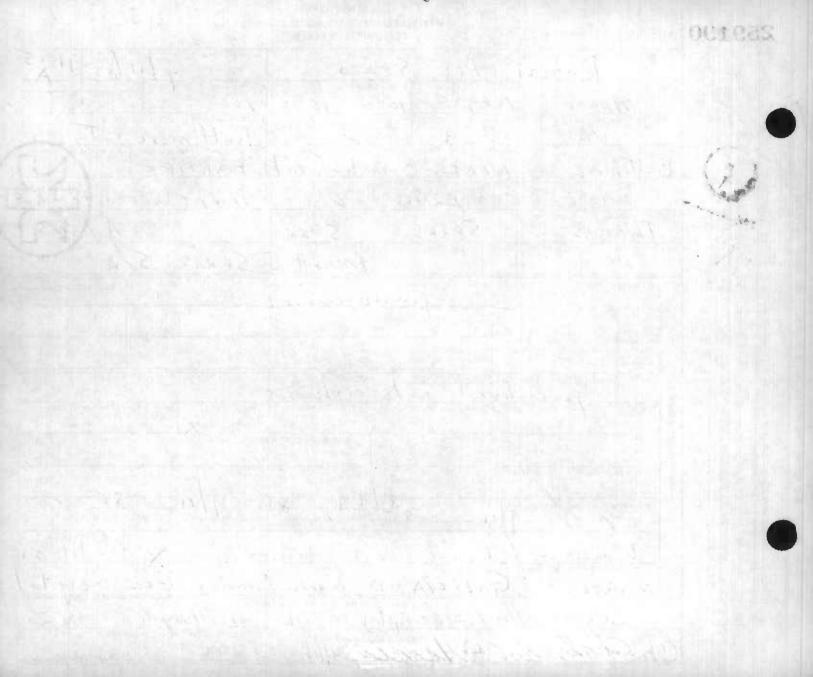
INDUSTRY

YES []

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED



49	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
	DECEASED NAME FIRST TYPE OR PRINT)  Max	WIDDIE	Saidin	20. DATE OF DEATH	9 - 10 -85 6 59/4
3.	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HE
	MALE	WHITE	FEB. 7, 1912	73	YRS. DATS HOURS MI
97	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  POLAND	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OF	C/TY
49	BALT IMORE	1). NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET N. CHARLES G		120 USUAL OCCUPATION OF OF PROPRIETOF	WORKING LIFE) INDUSTRY
385	SUAL RESIDENCE (IF NURSING ONE 130 STATE 130 MARYLAND	DROTHER INSTITUTION GIVE RESIDENCE BEFOR 13c. CITY OR TOV BALTO.	E ADMISSION) VN 138 INSIDE CITY LIMITS? VES A NO	13e STREET ADDRESS /	
30	FATHER'S NAME MORRIS	SEIDEN SEIDEN	15 MOTHER'S MAIDEN N LEAH	AME	SEAMAN
12		RMED FORCES? 166 SOCIAL SECTION WAR OR DATES)	URITY NO. 17 INFORMANT MRS 6820 CHEROKE	B. BLANCHE SE EE DR. BALT	₹1DMAN ГО., MD 21209
event, the	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), or SED BY.  ATE CAUSE (a) Acute		arction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 7 hours
or other troumatic	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) + he r  DUE TO, OR AS A CONSEQUE  (c)	oscleratic Coro	nary Heart	Dismse 32 years
×		mellitus	DEATH BUT NOT RELATED TO THE TER	minal disease or cont	DITION GIVEN IN PART 1(a
2	Diabetes 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
1,007	OR CONTRIBUTING TO CAUSE OF I	EATH	AY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)
ed or H	(IF EITHER NOTIFY MEDICAL EXAMINE  214 IN JURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC) 211 LOCATION STREET	CITY OR TOV	NN COUNTY STATE

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health of MPORTANT: If Item 21 is mo etoined by the haspital ar 226 SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS 23h DATE SEPT.11,1985 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL MOGAN ABRAHAM BURIAL

23d LOCATION ROSEDALE BALTO. MDATE

accurred an the date and hour and from the couses stated

224 DATE SIGNED

24 FUNERAL DIRECTOR SOL LEVINSON BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

saw the deceased alive an September 10 abave, (1) (was (did) (did not) view the body after death.

250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE

September 1019

DHMH - 16 60M 7/84 (VRA 15, 4)

1 100 

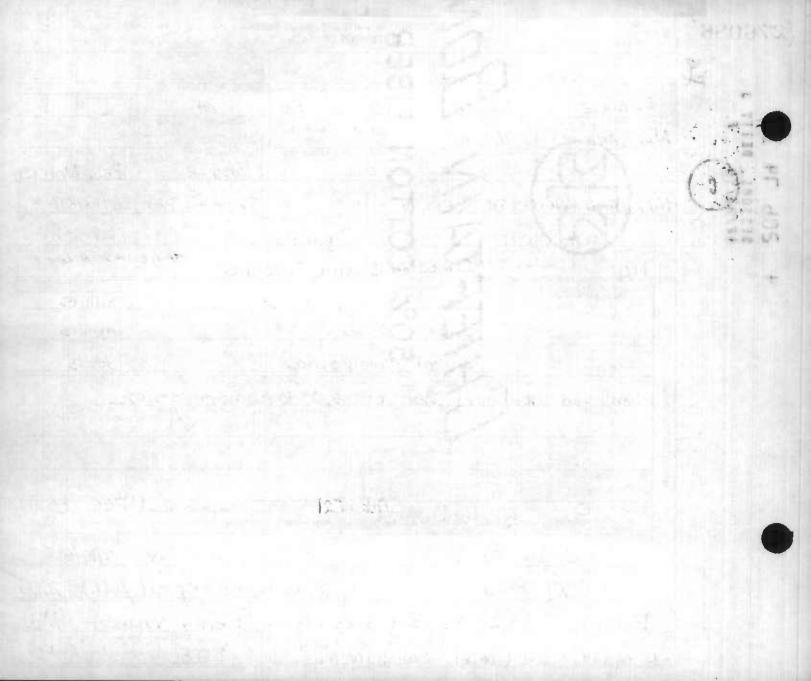
						STATE OF MARTLAND								
262	121		1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH					ENE 8 5	2 3	.)	8
//				REGISTRAR				CERTIF	ICATE OF DEAT	n	REG. N	0.		
/					EIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH DAY	YE AR 2	26 HOUR
3 1	2.5		[ ] AbE	OSC F	10	1	Sim	ILAI	DIN			1-0 100		500PM
1 5	0.0					-	1 26	•			September			1 141
	1		J SE		1 K.	ACE		5. DATE C		EAR	6 AGE TIN YEARS ST BIR	MONTE		HOURS MIN.
	0.0			Male		White		Nov.			80	YRS.		
E 4	12 4	. 0	70 BI	RTHPLACE (STATE OR FOR	REIGN 76 C	CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY C		DEATH	
- 1	7 8	CA	(	MA		TIC	A		NEVER MARR		0.1	146		
1	1	-	77 0	Md.		US.		WIDOWE			City			MD.
	N 2	10	10 C	TY OR TOWN OF DEAT	H     11.	HE NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTI	ION	12a USUAL OCCUPAT		NDUSTRY	BUSINESSOR
/ 1	1 9	5		Baltimore			Samaritan		ital		Secretary			1 426
1 30	1		JSU	AL RESIDENCE (IF NURSIN	G HOME OR OTHE								y Doc	d1 420
1	2 -8	25	130. 5	TATE II	36 COUNTY		13c. CITY OR TOW		134 INSIDE CITY LI		13e STREET ADDRESS	ZIP CODE		
	2 9	0		Md.	-		Baltimor	e e	YES K NO		6202 Mari	etta Ave	enue 2	1214
	× 1		14 FA	THER'S NAME	WIDD	2.0	LAST		15 MOTHER'S MAI	IDENNAM	NE MIDDLE		LAST	
. 70	12	20		John		0.	Seiland		Mar	io	WIDDLE	AAs	(ASI	
1	-	200	160 V	AS DECEASED EVER IN	U.S. ARMED	FORCES?	166 SOCIAL SECU		17 INFORMANT	10	ADDRI		-	
1	900			ES NO OR UNKNOWN)	(IF YES, GIVE WA									
2	4 6	1		yes	-		214-03-0	1607	Mrs. He	len I	R. Seiland	Same		
e -	per ol.			18 CAUSE OF DEATH	Enter only or	ne couse per	line for (o), (b), on	id (c).)	111724				BETWEEN ON	ATE INTERVAL
- fig	th certificat nding physicorbonpop , or removo			PART I. DEATH WA			· MASS	SIVE	MXOC	CAR	DIAL IN	FARCTA	MI	
				IA	MMEDIATE CA	AUSE (a)	1.100	7,40	11/	_///	71		-	
deoth	0,0			Section 1		DUE TO, O	RAS A CONSEQU		01/1/1	10-	- 7151	GAGL		
op o	ove	er froun		Gonditions, if ony, which gove rise to immediate (b) CORONARY HEAR? DISERSE										
the the	eme			couse 101, storing the DUE TO, OR AS A CONSEQUENCE OF										
	ose red I, crem other			underlying couse lost										
¥ 7	or o			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								LOADT 1		
2	hen to bi	70	Z	TAKTE OTTEK SIOTAL	ICAMI COM	DITIONS <u>C.</u>	ON KIDOTINO TO	DEATH BOT	NOT KELATED TO T	TIE TERMIN		DITION GIVEN II	YPAKI NO	
ě	gr Jose Su		CERTIFICATION								1	1		
wo 1	prior	a.	O.	19a. DATE OF OPERATION	N	196 COND	HION FOR WHICH	OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?	20b. IF YES, WE		
e Pe	ronsit per Hygiene p	1	TIE								YES NO	YES 🗌		NO 🗍
YSICI T	Hyg sh	20	H	210. ACCIDENT WAS UNDER	RLYING -	216 TIME C			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
P. P.	l-troi	4		OR CONTRIBUTING CA		200	M. MONTH D.							
SK	vriol-t		NO.	(IF EITHER NOTIFY MEDICA			M	19						
PHA	d M		MEDICAL	214 INJURY OCCURRE			OF INJURY REET FACTORY, DEFICE, I	FARM ETC 1	211 LOCATION STREET		CITY OR TO	wn (	COUNTY	STATE
Otto	s th		~	AT WORK NOT WHILE					8					
0 0	P Se o			220.1 certify that (1) (t	his hospital)	ottended th	e deceased from	SEP	13 10	85	10 SEPT	13 10 8	5 5 th	ot (I) (we) lost
Z Z	E E			sow the deceased	olive on	non o	45/36 1 19		d that in (my) (our)	opinion d	eoth occurred on the d	ote and hour and	from the ce	uses stated
3 8 5	d for		-	above, (1) (we) (did	l) (did not) vie	ew the body	ofter death.							
0 0 0	detoched ote Dept.			226 SIGNATUR	( )		1		DEGREE	10010	ALEDICAL CY.		22c. DATE SI	GNED
	Je leto			Kan	nu 1	arn	u M	0	ATTEN PHYSI	ICIAN	MEDICAL STA		9/13	185
TH PSPIT	Ste Ste			22d. PHYSICIAN'S NAM		)			22e ADDRESS					1
HOSPITAL	buld be deto h the Stote [	1		RANJI	V SI	1111	M.D		(200)	>	AMMORTA	. 1 14	CP	
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pro Si.			230 E	URIAL, CREMATION, RE	MOVAL 2	3b. DATE	23c 1	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION	rot	YIM	STATE
BP_				Burial		Sept.	17,1985 I	Belair	Memorial	Gdn		Harfor		_
Billion	14 48		24 FL	INERAL DIRECTOR							REC'D. BY REGISTRAR			
	16 60M 7/3	84		Leonard J	. Ruck	k Inc.	Baltimo	re. Ma	arvland	'QF	P 1 6 1985	Carlia Nain		indett.
(AK)	(VRA 15, 4)			are oracia or o	20001	2		,	3	VL	1 0 1303			

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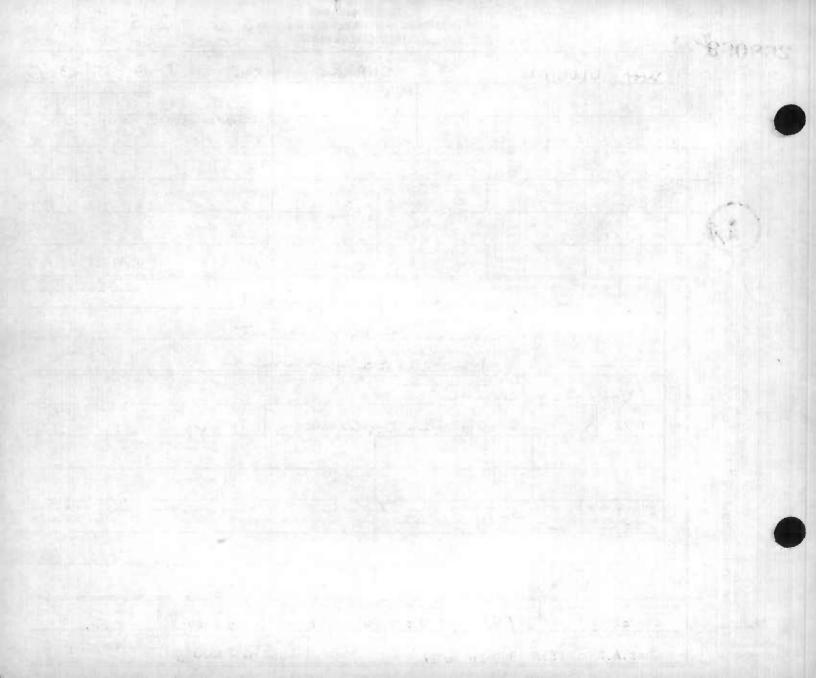
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		1-	FOR STATE			ARTMENT OF			E.		2	5	2 5	. 0	
			REGISTRAR			AL EXAMIN	IER'S C	ERTIFIC	ATE OF			G. NO.			
26	8008		CEASED NAME	FIRST	MIE	DLE		LAST		20 D	ATE KNOW	N K MON	TH DAY	YEAR	25 HOUR
	2 8 8 8 F			Lis	a B.		Se	11man		DE	EATH MATED	0 0 9	7	19 85	N
	高の当今馬	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (IN YE	ARS JE UN	IDER 1 YR. IF	F UNDER 24		DATE	MONT	H DAY	YEAR	2d HOUR
1.76	NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	1	emale	Black	9/11/51	33	RS.	AS DAYS	HOURS M	IN PRO	NOUNCED DEAD	9	7	19 85	12:5
A	SSA ZAL ESIGNA		IRTHPLACE (ST	ATE OR	76. CITIZEN OF WHAT	COUNTRY?	8	ED   NEVE	D M ADDIED	# 9 8/	ALTIMORE CI	TY OR COL	INTY OF E		
	S S S S S S S S S S S S S S S S S S S	7 "	Md.		USA		WIDOW		DIVORCED		Baltimo	re Ci	tv.		MD
	A SE SE	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSPITA		E, OR OTH	ER INSTITUTION	ON 12	a. USUAL C	CCUPATION	(TYPE OF WOR	RK 12b KI	VD OF BUS	
	3/3=3/4	1	Baltimo	<b>P</b>	2224 Wall	brook Ave	enue			FOR MOST C	OF WORKING LIFE)		1	LINDUSTR	54
-	5	ysu.	AL RESIDENCE	IF IN NURSING HOM	E OR OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISS			1/						
120	\$36.38	130. 8	Md.	13b. COU	NTY 13	Balto.		13d INSIDE CITY	LIMITS? 13	2224	DDRESS Walbro	ok Av	e. 21	216	
9	# MM 3 4	14. F	ATHER'S NAME					IS. MOTHER							
	F-1895%	10	FIRST Wal	ter	Sellmar.	LAST		FIRS	nestir		MIDDLE	Sellma	n	LAST	
9	BBS SB	16g '				b. SOCIAL SECURIT	Y NO.	17. INFORMA			ADDI				-
ALT.	IGS AFTER B GIVE PA WITH FOI DIVISION	0	ES, NO, OR UNKNO		VE WAR OR DATES)			Erne	stine	Selln	nan 222	24 Wal	brook	Ave	916)
1	A BHAN	<b>=</b>	Tin CAUSE O	E DE ATH /E .				HITT	beine	DCIII	1011 222	,4 1141		PROXIMATE	
ti	MALT WATER		PARTIDE	ATH WAS CAUS	enly one cause per line for (								BETV	VEEN ONSET	AND DEATH
NO.	NA SERVICE	-	-AXK	IMMEDI	AIL CAUSE (U)	tty Liver									-
12	A TA PER	10	Condition	s, if any, which		CONSEQUENCE	OF								
4	ZAZ ZAZ		gave ris	e to immedio	te (b)										
¥.	AAM VEN		lying cou	stating the <u>unde</u> se last.	DUE TO, OR AS A	CONSEQUENCE	OF								
5, 201	ON DESTRUCTION OF THE PARTY OF				(c)										
RECORDS,	E. THIS CRITIFICATE SHOULD BE EXECUTED WITHING THE WORD "PENDING" IN PENCIL INTERPREDICT EXAMINER ARE PAGE 3 SHOULD BE USED AS A BURIAL - TRA-NET STATE DEPARTMENT OF HEALTH AND MENTAL HIGH.", 21201 RIOR TO BURIAL, CREMATION, OR REMO	7	PART 2 OTHER SIG	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
S S	MED BE MED AS MED AS MED AS	CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?												
	AL AL	2	ING. DATE OF	OPERATION	196. CONDITION	FOR WHICH OPE	RATION W	AS PERFORM	ED?				20 A	UTOPSY?	
DIVISION OF VITAL	¥859968-	1 2	ALL CHTCDAIA	L CALICE MAC								1100		ES X	NO 🗌
Ö	TO WE TO THE WAR		UNDERLYING	CAUSE WAS	11b. TIME OF INJ HOUR A.M. MO	URY ONTH DAY YEA	R 21c Ho	O YAULNI WC	CCURRED (	ENTER NATUR	OF INJURY IN ITE	M 18 PART 1 OF	RPART 2)		
O N	ARTO ARTON	MEDICAL	CONTRIBUTION	IG CAUSE O		19									10.5
N/S	OED 35	AE	21d. INJURY C	CCURRED	21e PLACE OF IN			CATION		CITY	OR TOWN		COUNTY		STATE
۵	WRI ARE AGE ATE	1	AT WORK	NOT WHILE AT WORK											
	ME. T. P.	1	22a I certif		rge Athe remains describe	d above held on	Autap	x X	Inspection [	ln:	quiry .	and in my	nninn		
	A STANTA		death resulte		whiteour X Ace	an ID s.	icidal	Hormeid		Undetermin	. , ,	٦. ′	-		
	EXAM CERTI JID B DIRE WITH			111	1/1 500	11/1	7	TITLE (SPE							
	W. A. C.		SIGNATURE_	" 1/3	Un Went	Tur	BO	Acting	Chief	MEDICAL	EVAMAINIED	DA	TE C	18/8	5 .
	SER SER	1				1-20	,,,					310	NED		-
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2		EXAMINER'S I	VAME TI	omas D. Smit	h, M.D.		ADDRESS	111 P€	enn St	. Bal	.to.MD			
	533 5 F 8			ION, REMOVAL		23c NAME OF CE	METERY O	R CREMATOR	Y 2	23d LOCAT	ION .		0340		
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MANER	8050		FOR reb 9/25/89 STATE reb 9/25/89 REGISTRAR item 16b	correce		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8 5  REG. N	O.	5 5 2 1
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M			OUNTRY)	76 CITIZEN OF W		? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH
	deo de		RTHLAROLINA	Uis		WIDOWE		BALTIMOR		
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ANBAT.	n 24 hour	13a. S	L RESIDENCE (IF NURSING HOME OR TATE 13b COUN		BALTIN	WN	13d. INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS	/ ZIP CODE	
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NON—MED, PER, MR, 201 W. REHARD, SAMORE, MARYLANDIZON	s that the death certificate by the property of the property o		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEO	JENCE OF	pulmona	ryarre	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MINUTO
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Ala REC	The low ton. It perm the property to the prope	CERTIFICATION	IN DATE OF OPERATION	146 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
O VI	CIAN: T physici physici critificate ol-transi atal Hygina 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	161	MONTH [	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJL	IRY IN ITEM 18 PAI	IT I OR PART 2)
MEI	PHYSis tending the buring the buring Mer ad or Ite	MEDICAL	214 INJURY OCCURRED	21e. PLACE O			211 LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
N	DING or of After sith o		AI WOAR	to an let al	1 1/	4-10A	1 1-16 8	5 4:3 AM	-1G	75
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AS	the has		22b. SIGNATURE	N.B	Terin	MIN-	P ATTENDING PHYSICIAN	MEDICAL STA	FF TANKED	276. DATE SIGNED 9-16-85
SED	O HOSPITAL TO FUNERAL should be det with the State		220 PHYSICIAN'S NAME (TYPE OF	Ber	Kune	25	22e ADDRESS	_ DIRECTOR _ PHYSH	IAN (II)	
EA	Sho of sho	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
SLE	BP	K	JURI AL	9-23	-85 F	FRBU	TUS Mam Piz	13 ALTO	do	Mo STATE
RE	DHMH - 16 60M 7/84 (VRA 15, 4)	1	NERAL DIRECTOR NAME OSEPH L. RUB	5 7722	Z CO " A		25e. DA	TE REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATURE



, FO		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTA	L HYGIENE 8	2	5 5 2	3
- ST/	GISTRAR		CERTIFICATE OF DEATH		REG. NO.		-3
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IN CITY O	OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING			CUPATION OR MOST OF WORKING L	126. KIND OF BU	ISINESS OR
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18 th the state of	CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY	ne cause per line far (a), (b), and	(c.	7		APPROXIMATE BETWEEN ONSE	TAND DEATH
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	RT 2 OTHER SIGNIFICANT CON		EATH BUT NOT RELATED TO THE	E TERMINAL DISEASE	OR CONDITION GI	IVEN IN PART 110	
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nos bos bos bos bos bos bos bos bos bos b	7-22-85.	Cecal yelunlu		- I to said	IN CERT	IFYING CAUSES OF	DEATH?
N: The I vysicion.	ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		CCURRED (ENTER NATUR	OE.J		0 []
	CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR				
	FEITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	211 LOCATION				
	HILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC ) STREET	4 100	CITY OR TOWN	COUNTY	STATE
ヹこ もらもら	I certify that of (this hospital)	attended the deceased from	7 - 2/ 10	\$5 to 9	- 14	19. 85 that	(A (we) last
TOR TOR STATE	saw the deceased alive an above, (**(we) (did) (did ***) vie		5_, and that in (mg) (aur) or	pinian death accurred	on the date and ha		
OR A DIRECT DIRECT DO Ched Dept 1 ftem 1 fte	SIGNATURE	ew the body after deoth	DEGREE			224. DAJE SIGN	VEQ
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TO HOSPITAL retorned by the TO FUNERAL should be deat with the Store MAPORTANT:	ZALMOND	N					
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BP	remation	9/18/85 We	stview Mem Pk	Cate	onsville.	MD.	STATE
DHMH - 16 60M 7/84	RALDIRECTOR	ADDRESS		DATE REC'D. BY REC	SISTRAR 256. REGAR	TRAR'S SIGNATURE	45
(VRA 15, 4) CI	nas.A.Rice FSPA	1300 Eutaw PL		SEP 231	305 8	strottens - ki-	Search in



249116	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	5 5 2 4
ge 4 moy be ector, page 3		CEASED NAME LITTA  X  Fencle  X	RACE White	She ckels  5. Date of Birth  NONTH  O Z ZY  YEA	20 DATE OF DEATH MONTH  9 -  6. AGE (INYEARS LAST BIRTHDAY)  YRS	TO THE PROPERTY OF THE PROPERT
rs ofter death. Po by the funeral dir filed within 72 has	C	RTHPLACE (STATE OR FOREIGN QUINTRY)  VICE 15 but 1  ITY OR TOWN OF DEATH  Of the control of the	76 CITIZEN OF WHAT COUNTR  11. NAME OF HOSPITAL, NUR:  SENOI IN SUCH FACILITY, GIVE SIP	MARRIED DEVER MARRIED DIVORCES SING HOME OR OTHER INSTITUTION THE ADDRESS OF THE PROPERTY BALL	Balt	D . MD
ted within 24 hour ompletoly fulled in and 2 should be in examine remist be	130	AL RESIDENCE (IF NURSING HOME OR MATER'S NAME  ATHER'S NAME  FIRST  A M  S		Ore 13d INSIDE CITY LIM YES A NO [  15. MOTHER'S MAID!	EN NAME , MIDDLE	end St.Balto.M
ion and co	160.	NAS DECEASED EVER IN U.S. AR. YENTO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SE VE WAR OR DATES) 213-7	- 1 - 10	- Eleanor Kozma	City 200 Cary S  City 200  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
equires that the death certifical signed by the attending phy. Then please remove carbon potaburial, cremation, or remainly, or other troumatic event	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	La ddev E TERMINAL DISEASE OR CONDITION (	Week Though
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O HOSPITAL OR ATTEND etoined by the hospital or TO FUNERAL DIRECTOR. A should be detoched for use with the Store Dept. of Heal MAPORTANT; if them 21 is m		sow the deceased alive an	Sladue,	DEGREE ATTEND	pinion death occurred on the date and the last of the	19 19 (we) last nour ond from the couses stated  22c. DATE SIGNED
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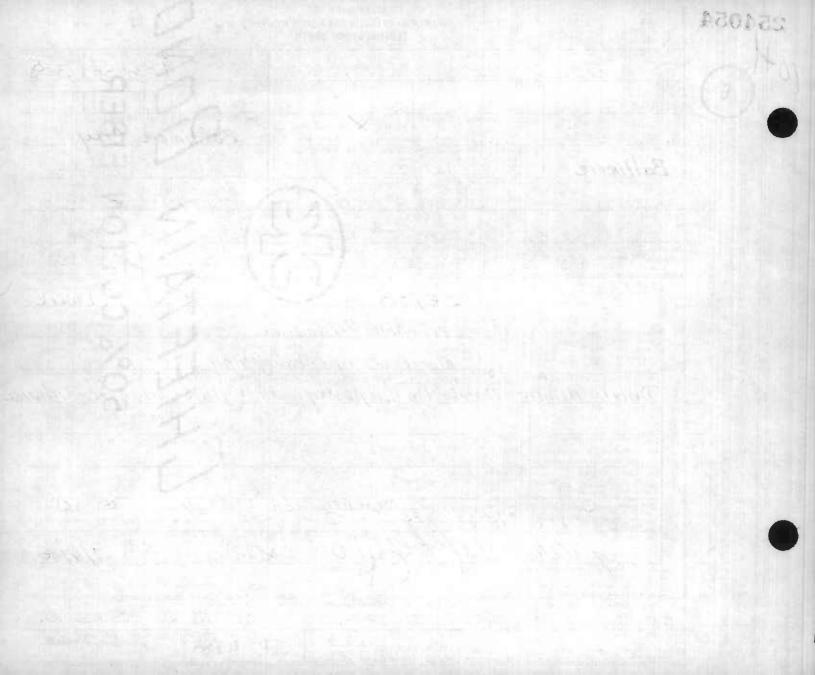
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

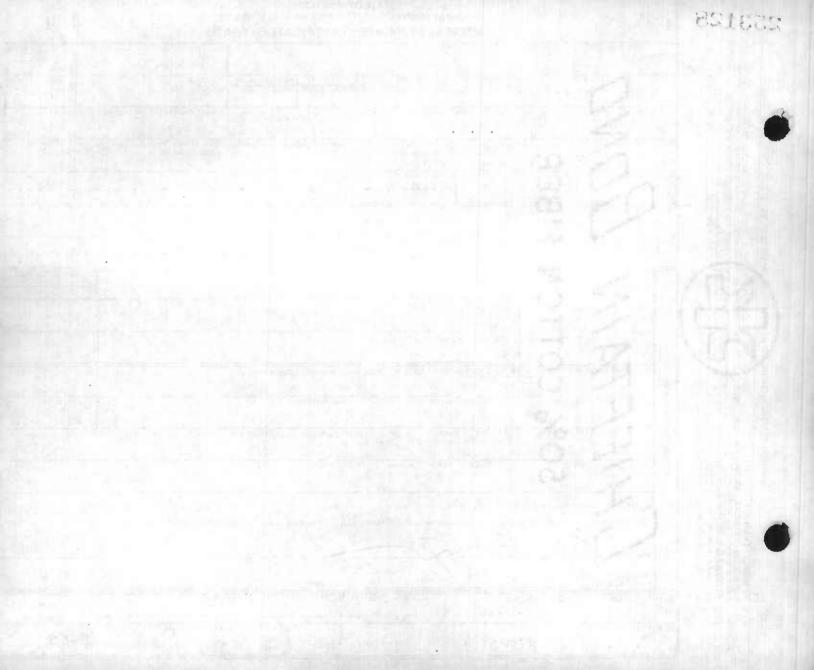
ш	1000	REGISTRAR			CLRIII	CAIL OI DEATH		REG. NO.			
		CEASED NAME FIRST	M	IDDLE	į,	AST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	ITABE	CHARLES	н.		SHEET	rz , JR.		9	- 6-85	339	
ı	1.5E	(S)	RACE		5. DATE O			AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
И	M	IALE	WHITE		03-	28-14 YEAR		71 Y	RS MONTHS	HOURS MIN.	
Н	To. 811	RTHPLACE (STATE OF FOREIGN	b CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	9	BALTIMORE CITY OR COL			
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	10. CI	TY OR TOWN OF DEATH	11. NAME OF H			ROTHER INSTITUTION		USUAL OCCUPATION  YPE OF WORK FOR MOST OF WORK		F BUSINESS OR	
2	2	Baltimore		DMEWOOD		RACE		entist	Denti	strv	
è		AL RESIDENCE (IF NURSING HOME OF COUNTY)		13c. CITY OR TOV		13d. INSIDE CITY LIMIT		STREET ADDRESS / ZIP (	CODE		
	M	ARYLAND		BALTIMO		YES XX NO		24 HOMEWOOD		21218	
Û	14 FA	ATHER'S NAME	AIDDLE	LAST	9/1/1/1	15. MOTHER'S MAIDEN	NNAME	WIDDLE	EAS	17	
3	CHA		ARRY	SHEET	Z,SR	ANITA	-44	Mode	Rì	EAD	
		VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECT		17 INFORMANT		ADDRESS		21210	
	Y	ES WW	WAR OR DATES)	232-10-9	5151	Thelma She	eetz	224 HOMEWOOD	TERRACE	21218	
		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y ane cause per	line for (a), (b) or	nd ic .		137		BETWEEN	IMATE INTERVAL ONSET AND DEATH	
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	181	saw the deceased alive on above, (1) (we) (did) (did not	13/~	18	00		oinion dea	th occurred on the date and		-	
		22b. SIGNATURE	view the builty.	Styler death	611.	GREE			72s DATE	SIGNEDY	
		41111	1 Ata	440	HU	1 MO ATTENDIN	NG AN	MEDICAL STAFF DIRECTOR PHYSICIAN	9	16/85	
		224 PHYSICIAN'S NAME (TYPE OF	PRy(1)	010	1	22e ADDRESS	AN	ARECTOR E PHISICIAN E	14	410-	
ή		DR. ALICIA COOL	-FOLEV		-	LINITONI MEI	MORT	AL HOSPITAL			
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE	23t.	NAME OF C	EMETERY OR CREMATO		23d LOCATION			
	C	REMATION	09-06-	-85 SI	ECURIT	Y PROCESS		CATONSVILLE	BALTIMO	RE MD".	
	_	JNERAL DIRECTOR				21229 250	DATE RI	CO. BY REGISTRAR 256 RE	GISTRAR'S SIGNA	Cando 12	
	H	UEBARD FUNERAL I	HOME, IN	C. 4107	WILKE	NS AVENUE	SEP	9 1985	AND SOME SHOPE		

DHMH - 16 60M 7/84 (VRA 15, 4)



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	55.55.55 SS -5.55 SS	1	CONTRICTO		SSE )			SH	TELTON		ESTI-	9 5	5 19 8	35
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	NS 72 P		MALE	BLACK	5 8	28	57	RS. MONTH	S DAYS HOURS	MIN PRONOL	D	9 5	5 19 8	35 12:3
5	SSA SESTI		IRTHPLACE (		76. CITIZEN OF V	VHAT COU	NTRY?	8. ALA DOU	ED NEVER MARR	9 BALTI	MORE CITY OR	COUNTY		
	AND SERVICE		ALABAI	MA	U.S.	A .		WIDOW			ltimore	City	V	AAI
	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET.	10. C	ITY OR TOWN	OF DEATH	II. NAME OF HO	SPITAL, NO	JRSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL OCC	JPATION (TYPE O			F BUSINESS
	S. S. E. F. F. A.		Baltim	ore	Key Med		-			FOR MOST OF WI	ORKING (IFE)		OK IND	JOINT
5	TAIN POLICE BE	USU	AL RESIDENCE	(IF IN NURSING HO	ME OR OTHER INSTITUTION,	GIVE RESIDENC	E BEFORE ADMISS	iON)	had ment city inner	Ing. STREET ADD	nec¢.		1.00	
. 2120	A A W D W		MD <sup>E</sup>		UNIT	BA	LTIMO	RE	YES NO	1903 E	32nd	ST	REET	21218
BALTIMORE, MD. 21201	N S S TH		UNKNOV		WIDDLE		LAST		UNKNOWI		MIDDLE		LAST	
IMO		16a.	WAS DECEASE	DEVER IN U.S.	ARMED FORCES?		CIAL SECURI		17 INFORMANT		ADDRESS			
ALT	JRS AFTER 8. GIVE PA WITH FOR WITH FOR DIVISION	-	NO, OR UNKN			41	8-36-	5567	MARTHA	BRISBO	N 1903	Ε.	32nc	d ST.
3	~ ~ ≥ . · □		18 CAUSE C	OF DEATH (Enter	anly one cause per li	ne far (o), (l	o), and (c).)						BETWEEN	MATE INTERVAL
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STC	A ALCA					R AS A CO	NSEQUENCE	OF						
2	A PENCIL I XAMINER XAMINER AL - TRANS MENTAL I N, OR REA		gove r	ins, if ony, wh ise to immedi	ate / (b)									
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN 1TEM 16 FED SA BURIAL - TRANSIT PERMIT PERMIT HEM HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER S	IGNIFICANT CONDITI	DNS CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN PA	IRT 1 (a),				
8	PEP MEA	CERTIFICATION	190. DATE O	FOPERATION	196. CONE	ITION FOR	WHICH OPE	RATION W	AS PERFORMED?				20 AUTO	PSY?
¥.	WORD "PE WORD "PE HE CHIEF A BE USED ENT OF HE BURIAL,	I E	1000		10								YES [	□ NO 🔯
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NO	THE WATTHE WATTH	X	CONTRIBUT	G OR ING CAUSE	OF DEATH P.	M. MONTH M.	1 DAY YEA	K						
/ISI	JERTI JING JED 1 3 SH DEPA PRIC	MEDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJUR	Y (AT HOME.		CATION		M-1-V	- 0		
ā	THIS C WARD WARD PAGE STATE (	2	AT WORK	NOT WHILE	O SINCELL, FA	CTORT, FARM.	EIC.)		INCE	CITY OR I	OWN	COUN	114	STATE
	Jer: THIS CER CATE, WRITIN CORWARDED OR: PAGE 3 S THE STATE DEP (ND, 21201 PR		220   cost	ifu that I taak ch	orge of the remains d	acceibad ab	oue held	Autops		n N. Inquir				
	MNER FICATION TTOR		death resul		otural couses X,	Accident		uicide .	Hamicide .	n _4, Inquir		in my opin	11GN	
	SE CHANGE	1	dealifresor	4	oloror couses (21),	Accident		oicide	TITLE (SPECIFY)	Ondetermined	nanner,			
	3 0 2 0 3 3		ACTUAL	M	~	N	)-	_	Assistan	t_MEDICAL EXA	MINED	DATE	9-5-	85
	SER SE	1		111		1		-	Company of the second			SIGNED		
	TO MEDICAL EXAMINER: EXECUTE THE CERT FICATE PAGE 4 SHOULD BE FOR TO EVENT OF EVENT	+	EXAMINER'S	NAME A	nn M. Dixo	n, M.	D.		ADDRESS 111 P	enn St.,	Balto.,	MD	21201	7.00
	TO MEDICAL EXECUTE THE PAGE ( SHOU TO FUNERAL AFTER DEATH BALTIMORE W	23o.E	URIAL, CREMA	TION, REMOVA	L 236 DATE	230	NAME OF CE		R CREMATORY	23d. LOCATION CITY OR TOWN		COUNT		
07/84	BP		BURIAI		9/9/85	L	CEDAD	шттт	CEMETER		ARIINDA			STATE A.D.
25M	DHMH - 17	24. F	UNERAL DIRE	CTOR					7250 DATE	REC'D. BY REGISTE		RAR'S SK	NATURE	
	(VR A15 ME (5))		VM. C.	MARCH	F/H 110	1 E.	NORTI	H AVE	ENUE SEP	6 1985	gillerte	14 door	-Asnda	22

STATE OF MARYLAND



#### FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT)

MALE

Je BIRTHPLACE | MATE OF FOREIGN

Maryland

Maryland

ATHER'S NAME

Charles

HI WAS DECEASED EVER IN U.S. ARMED FORCES?

3. 5EX

F003

**JEREMY** 

4-RACE

Baltimore

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH /Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

M.

WHITE

76 CITIZEN OF WHAT COUNTRY

U.S.A.

MICHAEL

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

GIVE RESIDENCE BEFORE ADMISSION)

16b. SOCIAL SECURITY NO.

Arbutus

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SHOCKNEY

MARRIED NEVER MARRIED

Jr.

17 INFORMANT

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

Nancy

85

5. DATE OF BIRTH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Shockney,

PUTPEARE

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6000	2	2	Sia	1

INDUSTRY

2h HOUR

12b. KIND OF BUSINESS OR

21227

Dawson

21227

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REG. NO

BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS / ZIP CODE 1014 Howland Square

Lynn

20 DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

3 hrs.

120 USUAL OCCUPATION

Charles M. Shockney 1014 Howland Square

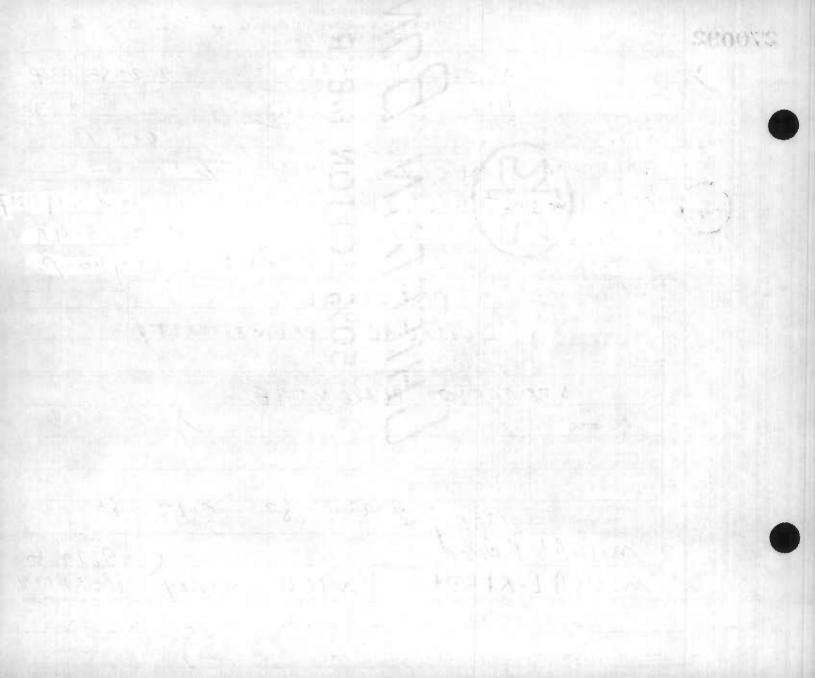
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THICAT	N GM	1% CONDITION FOR WHICH OPERA	TION WAS PERFORMED		b. IF YES, WERE FIND CERTIFYING CAUSE YES	
CAL CES	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		216 HOW INJURY OCCURRE 9	D (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)	
MEDI	21d INJURY OCCURRED  NOT WHILE  AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat)	01180 1950	ond that in (my) (aur) opimon de	eath occurred on the date of		, that (1) (we) last couses stated
H	226 SIGNATURE M. H. M	Rabby	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 0	72,85
	M, H' A	-RABBAT	Property U	MERCY	1 110	SPITAL
	BURIAL, CREMATION, REMOVAL		F CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	9/25/85 Glen	Haven Mem. Pk.	Glen Burni	e A.A. N	Maryland
	UNERAL DIRECTOR NAME  Ubbard Funeral H	ADDRESS	21229 Kens Ave.	REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNA	
-						P9

DHMH - 16 60M 7/84 (VRA 15, 4)



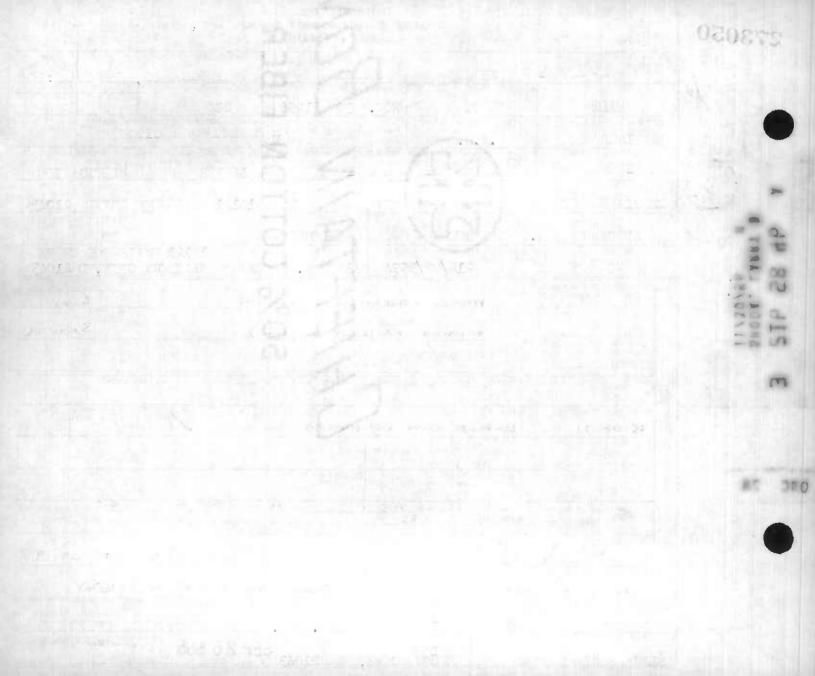
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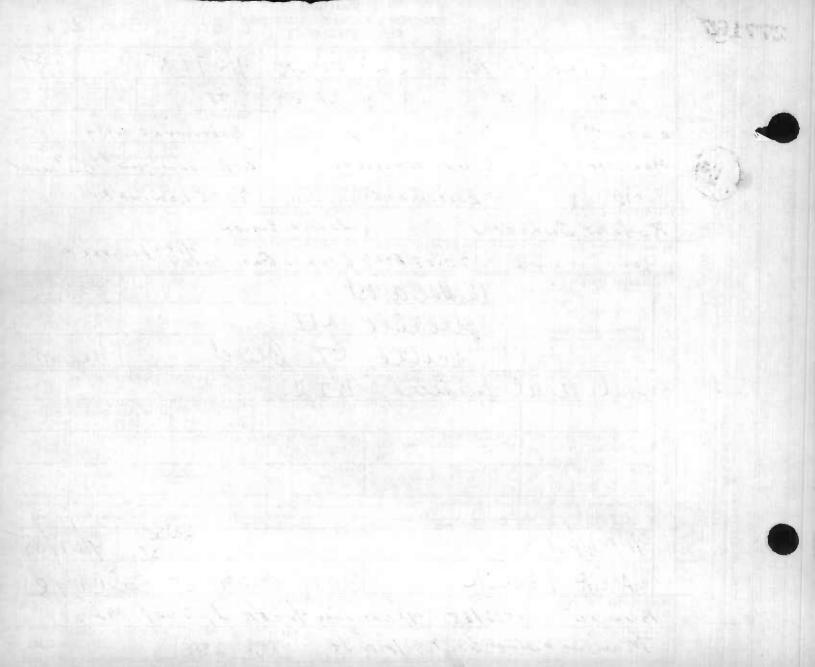
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF DEATH REG. NO.										
71		CEASED NAME	FIRST		MIDDLE	Į.	AST	BT ET	20. DATE O	F DEATH MO	ONTH (	DAY YEAR	26 HOUR	
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1		ARYLAND		U.S.	.A.	WIDOWE		NORCED TO	DAL	IMORE	CIT	Y	MD.	
Z		TY OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A HOPKINS	DDRESS)				OCCUPATION RK FOR MOST OF W		E) INDUSTRY	ATION	
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		gave rise to cause (a), s		DUE TO, OF	R AS A CONSEQUE	NCE OF								
		underlying cause last. (c)												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										EN IN PART 1	a	
	O.													
1	CERTIFICATION	190 DATE OF OPI	ERATION	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
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1		22d. PHYSICIAN	S NAME (TYPE)	R PRINT)			22e ADDRE							
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14	24_FL	JNERAL DIRECTO	R		TO CHUT ADORESSES			25a DA	SEP 2		b. REGISTI	RAR'S SIGNAT	Uffindelle	
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DHMH - 16 60M 7/84

(VRA 15, 4) SLACK FUNERAL HOME





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	New (	orleans, La	U.S.	Α.	WIDOWI			ore City		MD.
W. K. S. L.	10. CITY OR	TOWN OF DEATH		SPITAL, NURSING HOM		R INSTITUTION	120. USUAL OCCUPATIO	N (TYPE OF WORK	126 KIND OF BU	USINESS
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2120	Mary	land Balt		Baltimor	9	YES NO	5105 Harf	ord Rd	Apt	#15
9 # MHS -	14 FATHER	SNAME				15. MOTHER'S MAIDE	EN NAME	01 4 114	- E	
E SE	S	idney	MIDDLE	Shows		FIRST	adine		Cyr	20
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124AAK	AT W	ORK AT WORK								
ATE S. LE S.	2:	a. I certify that I took charg	e of the remains de	scribed above, held an	Autaps	y , Inspectio	n . Inquiry .	and in my or	oinion	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

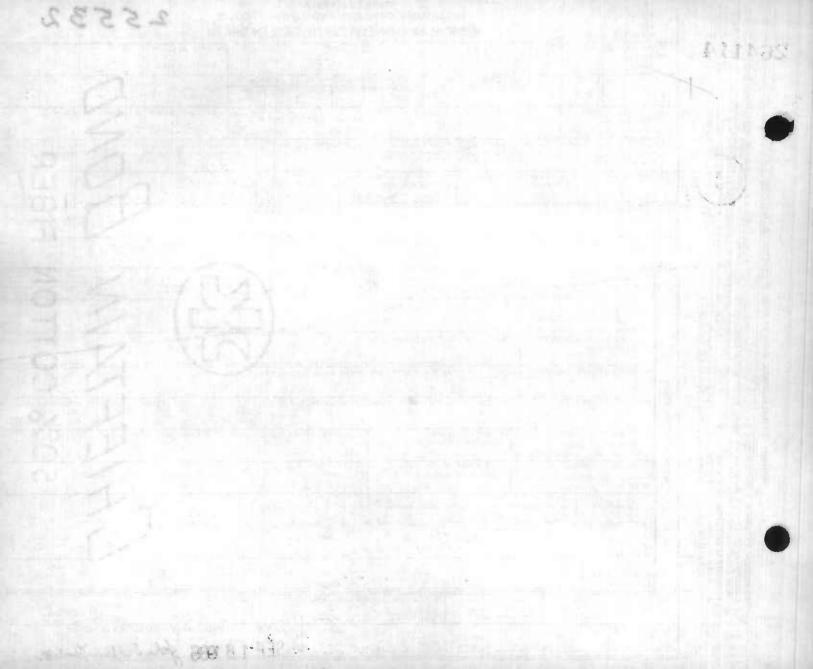
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9 34 4		TY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND (	OF BUSINESS OR
1 11 1/5		altimore	Good Sa	maritan	Hosp	ital	Postal Cler		
2 52 3	USU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GI	IVE RESIDENCE BEFORE	AGMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	
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3 - 5		Vincent	Sie	nkiewicz		Feliksa	WIDQFE	Potrz	si neki
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(VRA 15, 4)		Leonard J. Rucl	k, Inc.	Baltimo	re, M	d. ISFF	2.3 1985 -	- Antologod and	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 264114 1. DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY 26 HOUR LTYPE OR PRINT ESTI-SILER DEATH MATED ALMA 9-15-85 19 4. RACE AGE (IN YEARS IF UNDER 1 YR. 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 8:20A 9-15-85 DEAD Black Female 07 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City North Carolina WIDOWED . DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 503 Lyndhurst Avenue FOR MOST OF WORKING LIFE! Baltimore Cook USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13r. CITY OR TOWN Maruland Raltimore NO. undhurst IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Cheeks Rosina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO INFORMANT ADDRESS DIVISION LYES NO OR UNKNOWNS (IF YES GIVE WAR OR DATES) No 241-07-6407 Sarah Jackson 503 Lundhurst 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease USED AS A BURIAL - TRANSIT PERMI) OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: IN...
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STATE DEPARTMENT OF YES NOXX 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inquiry X 27a. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes XX Suicide Hamicide \_\_ Undetermined monner TITLE (SPECIFY) 9-15-85 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Gregory R. Kauffman, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Burial 9-20-85 Arbutus Memorial Park Arbutus Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Bailey-Douglass Funeral Home 1348 Calhoun St. (VR A15 ME (5))



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1 - STATE 10/4/85 rja REGISTRAR

Aaron

4 RACE

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

1136 COUNTY

CEASED NAME

Male

To BIRTHPLACE ISTATE OR FOREIGN

B.CITY OR TOWN OF DEATH

Baltimore

NO NEW THE NEW TOWN

North Carolina

EX

CERTIFICATION

Film G608 item 12a,b STATE OF MARYLAND CERTIF

MIDDLE

Black

Th CITIZEN OF WHAT COUNTRY?

13c CITY OR TOWN

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2 000				

126 KIND OF BUSINESS OR

Md.

runa Daydson-Handalle

HEALTH AND MENTAL HYGIEND	~	State	•
FICATE OF DEATH	050		

20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	IR D
September 19,	198	5	7::	57 N
AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HRS
74 VPS	MONTHS	DATS	HOUR5	MIN,

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City

U.S.A. WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

SILVERTHORN

5 DATE OF BIRTH

120 USUAL OCCUPATION Maryland General Hospital

13d. INSIDE CITY LIMITS?

YEAR 11

> TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Sparrows Point 21201 13e STREET ADDRESS / ZIP CODE

Maryland Baltimore 1100 Bolton St. Apt. 618 YES IX NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hezeakhia Silverthorn Saunders

Martha 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 14a WAS DECEASED EVER IN U.S. ARMED FORCES? Apt. 618 241-01-0837 Cora Silverthorn 1100 Bolton Hill

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Probable recent antero-septal myocardial infarction. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease. Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Visceral congestion and edema. underlying cause last

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESXX YES X NO F NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE

220 I certify that XXthis hospital) ottended the deceosed fram <u>Septembeer 17</u>9\_ 85 Aeptember sow the deceased alive an September 1919 85, and that in (M) (aur) apinion death accurred on the date and hour and from the causes stated ove 11 (wa) (did) (did) nat) view the bady after death

22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN 9/20/85 22e ADDRESS

22d PHYSICIAN'S NAME (TYPE OR PRINT) Harry E. Nervino, M.D.

Wm C March F/H Inc. 1101 E North Avenue

c/o Maryland General Hospital

23a BURIAL, CREMATION, REMOVAL 23¢. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION

(SPBURIAL 9/24/85 Cedar Hill Cemetery Anne Arundel Co, 250 PATE DECO . BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

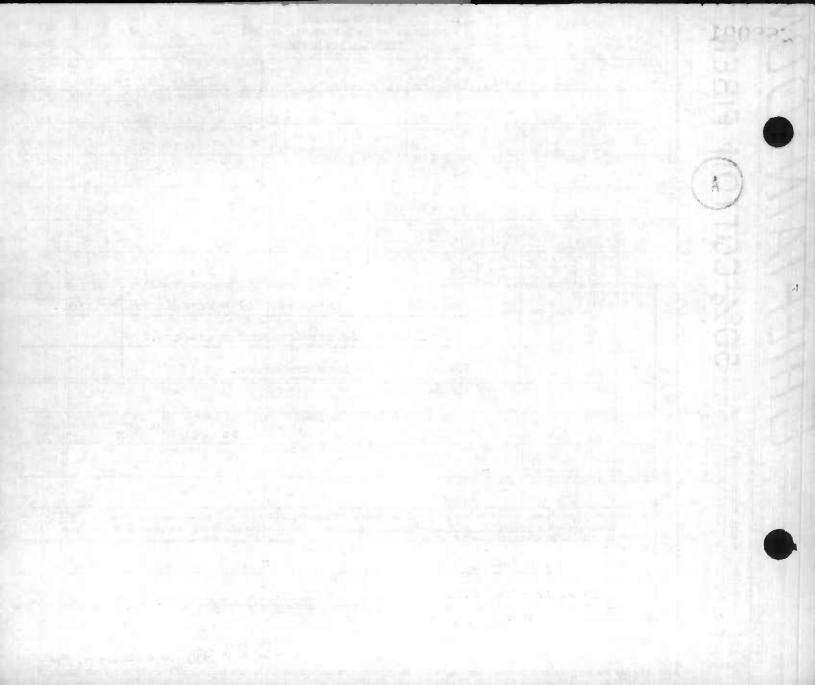
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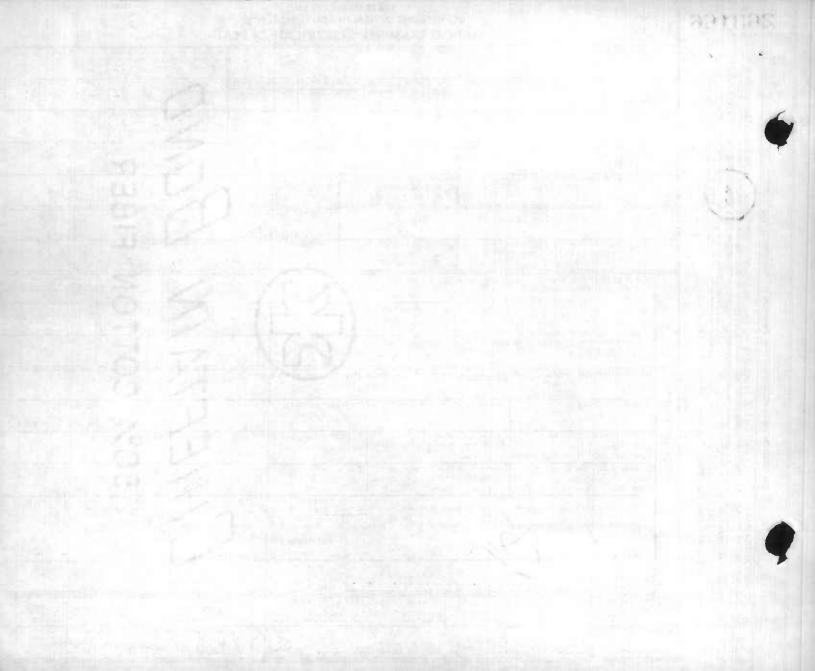
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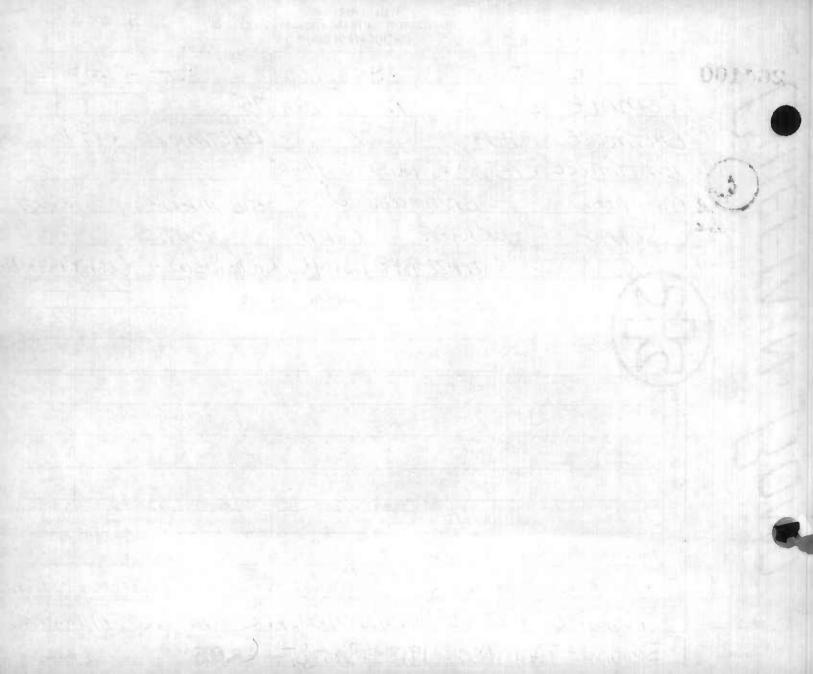
DHMH - 16 60M 7/B4 (VRA 15, 4)



SOUND TO SEATH WAS CAUSED BY:  SUDDE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.  Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.  Sudden infant death syndrome  Due to, or as a consequence of  (b)  Due to, or as a consequence of  Due to, or as a consequence of  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
To BIRTHPLACE (STATE OR POSEON COUNTRY)  Trinidad  10. CITY OR TOWN OF DEATH  Baltimore  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  12. USUAL OCCUPATION (TYPEOF WORK ITE OR INDUSTRY)  13. STATE  13. COUNTY  13. STATE  13. COUNTY  13. COUNTY  13. COUNTY  13. STATE  13. COUNTY  13. COUNTY  13. STATE  13. COUNTY  13. MARCIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION ONE RESOURCE STORE ADMISSION)  13. STATE  13. STATE  13. STATE  13. COUNTY  13. MARCIDENCE  13. MODILE  13. MOTHER'S MAIDEN NAME  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. COUNTY WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SUDDENDED  16. COUNTY OF DEATH  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  19. SUDDENDED  10. CITY OR TOWN OF DEATH  10. CITY OR TOWN OF DEATH  11. INSIDE (IT LIMITS?)  13. STREET ADDRESS  13. STREET ADDRESS  13. MOTHER'S MAIDEN NAME  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  19. DUE TO, OR AS A CONSEQUENCE OF  19. DUE TO, O	26. HOUR
FOREION COUNTRY)  Trinidad  18. CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  MARYLAND  USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  Maryland  14. FATHER'S NAME  FRIST  MIDDLE  AMDLE  AMDLE  15. MOTHER'S MAIDEN NAME FRIST  MIDDLE  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. WAS DECEAS	4:27F
Baltimore  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GNE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY  Maryland  14 FATHER'S NAME PRIST PRIS	MD
136. STATE   136. COUNTY   136. COUNTY   136. STREET ADDRESS   1	
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THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  SUBJECT OF A STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.00 PART 1 t	
PART I DEATH WAS CAUSED BY:  Sudden infant death syndrome    MANUAL   Sudden   Sudde	
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK AT WORK  AT WOR	STATE
226. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion death resulted from: Natural courses . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY)	4-85
EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street  2 2 2 2 4 2 7 236. BURIAL. CREMATION, REMOVAL   236. DATE   1236. NAME OF CEMETERY OF CREMATORY   1236. LOCATION	
O7/84 25M  DHMH-17 (VR A15 ME (5))  DOTE   236. BURIAL, CREMATION, REMOVAL   236 DATE   236. NAME OF CEMETERY OF CREMATORY   236 LOCATION   COUNTY   COUNTY	



			p.	STATE OF MARTLAND	28 (10	0 5 7 6
		FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYG	IENE & D	2 3 3 3 3
.4.		REGISTRAR		CERTIFICATE OF DEATH	REG. N	
	I D	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
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हर्ष्य <b>,00</b>	1	1480	Y TO I CIE	2110011	5	A CO HAM
fer p	3. 5	- Ima a fi	1 PAN	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THORY)  IF UNDER 1 YEAR IF UNDER 24 HRS
rs o	11	EMALE	DURCK	12-19-1909	15	YRS
Po Po	70 8	IRTHPLACE (STATE OF FOREIGN	JA CITIZEN OF WHAT COUNTRY	(V 8	9 BALTIMORE CITY O	R COUNTY OF DEATH
72	1B	on TIMURE	1150	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAITIN	MPE CITY "
5 4 6	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR
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1 4	1/2	TAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	TOURSING TIONIC		2/10/
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S. P.	-	///	2 10111	10101010714	9011111130	COUT NAVER
ysic ope wol.		18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b),			BETWEEN ONSET AND DEATH
on p emc ever			IATE CAUSE (0) UMYOY	rophic lateral Sch	erosis	
ding arb ar c		Mark Town	DUE TO, OR AS A CONSEC	UENCE OF		
ottendin nave carb otion, ar		Conditions, if any, which	(b)			
mod mod		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	HENCE OF		
by the other		underlying cause lost.	DOE 10, OR AS A CONSEC	DENCE OF		
or rio	30	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PART 1:-
sign then to bu	Z		Tearraine East Miles III	DEATH DOLLAR RECALED TO THE TERM	WAL DISEASE ON CON	DITION GREAT IN ART THE
- in it.	CERTIFICATION	190 DATE OF OPERATION	10h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
has be t perm ene pr	J. F.	THE DIRECTION	7.2 20.10.110.11	O. EKATION WAS LEKT SKIMED		IN CERTIFYING CAUSES OF DEATH?
0 5 6 -	4 5				YES NO	YES NO
S HOO A	17	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR 216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
og pl	1 3	(IF EITHER NOTIFY MEDICAL EXAMI		19		
o A bus	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OF TO	WN COUNTY STATE
offer the sthe conditions when the conditions with the conditions	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFIC	E. PARM EIC )		
Afr Se a solth mon			spital) attended the deceased from	January 30 10.85	10 Septemb	er 17, 1985 that (h (we) lost
TOR. for us		sow the deceased alive	spital attended the deceased from Saptember 17 19	95 ond that in (my) (aur) apinion	death occurred on the do	ate and hour and from the causes stated
TO WE E		above, (1) (we) (did) (did 22b, SIGNATURE	not view the body after death.	DEGREE		
4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		U. TO. 1.00	VA. D.	ATTENDING _	MEDICAL STAF	220 DATE SIGNED
RAL det	4	m. Lakelle		PHYSICIAN []	DIRECTOR PHYSIC	IAN 🗆
FUNERAL by the FUNERAL by the State oor TANT:		226 PHYSICIAN'S NAME (TYP		22e ADDRESS		
0 0 0 0		M. JSABELL	E MACGREGOR	KESWICK, T	00 W-40 Kh.	STREET BALTO 173212
Shoot Shoot	230	BURIAL, CREMATION, REMOV	AL 236 DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) BURIAN	19-23-85 H	TRBIMIK MEM B	by CITY OBJOWN	TIMME MARINA
01	24.1	UNERAL DIRECTOR	1 00 00 1	750 DATE	F REC'D BY REGISTRAD	25b. REGISTRAR'S SIGNATURE
HMH - 16 60M 7/84		AME	TILLO A ADDRESS	10:34.P	P 1 a mar	7 .
(VRA 15, 4)		DRAUM	THOU IN SOM	MINAMA	I I X NAS	Filie any ason-Randall



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 256017 CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 2b. HOUR 1985 (IN YEARS LAST BIRTHOAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Never Worked Reservoit 13e STREET ADDRESS / ZIP CODE Marsa Robert E. Skillman 8429 Bay Rd Pasadena, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 55 , and that in (my) (our) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation 9/6/85 Catonsville Westview Memorial Pk SO DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4001 Ritchies Hgwy Balto Md DHMH - 16 60M 7/84 George J. Gonce (VRA 15, 4)

STATE OF MARYLAND

CARLES SALES SALES SALES STREET STREET SEE THE 1 SEE TO THE STATE OF TH The state of the s are selected to the second of the second The second contact that THE PART OF THE PART OF THE PART The state of the s  DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPARTM		IEALTH AND MENTAL HY		REG. NO.	2		
1		CEASED NAME OR PRINT)	JOHN	н.	AIDDLE	UHR,	SR.	20 DATE OF DE	ath Month		AR 2b	HOUR
	3 SEX	(		4 RACE	DR	5. DATE (		6 AGE (IN YEARS		1985	YEAR IF	UNDER 24 HRS
		Male		White	Work!	Apr	il 21,1896	89	YRS	MONTHS	DATS H	OURS MIN.
Z		RTHPLACE (STA COUNTRY) Marylan			WHAT COUNTRY?	8. MARRIE WIDOWI			timore (		Н	MI
1.3	100	Baltimo	re	1803	herwood	Avenu	or other institution le Apt. B	12a USUAL OCC (TYPE OF WORK FOR Carpen	MOST OF WORKING	12b KI INDUS		USINESS OF
£	13a S Ma	aryland	13b COUP		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimos	1	13d INSIDECITY LIMITS?	13e STREET ADD 1803 Sh	RESS / ZIP COD erwood 1		pt.I	3 2121
		Charl		MIDDIE H.	Skuhr		15 MOTHER'S MAIDEN N	M		chine	IAST	
	No	VAS DECEASED I	EVER IN U.S. AR	MED FORCES?	213-03-7		Mr. William		402 St			
		Conditions, if gave rise to cause (a), underlying	TH WAS CAUSE IMMEDIA  ony, which immediate stating the	DUE TO, OI	RAS A CONSEQUE	NCE OF	- chronic	lower G	I blee		PROXIMATIVEEN ONS	TEINIERVAI EI AND DEATH
	CERTIFICATION	PART 2 OTHER			NS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER.  DNDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY	20h IF YI	ES, WERE FI	INDINGS USES OF	
1			AS UNDERLYING CAUSE OF DE	(11)	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCU					
	MEDI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  218. PLACE OF INJURY  214. INJURY OCCURRED  AT WORK  AT WORK									IY	STATE
		saw the de	rceased alive on we) (did) (did no	49	deceased fram		nd that in (my) (our) apinia	n death accurred an	9/23	. 19 <u>. å å</u> jur and Iron		(we) los sses stated
		226 SIGNATUR	IJC	Cans	eneld.	, -		MEDICAL DIRECTOR F	STAFF PHYSICIAN [		ATE SIG	U/85
		William E. Randall, Jr. M.D. 1205 York Road Lutherville								le, M	d.	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

Leonard J. Ruck, Inc.

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION Moreland Mem. Park Cem.

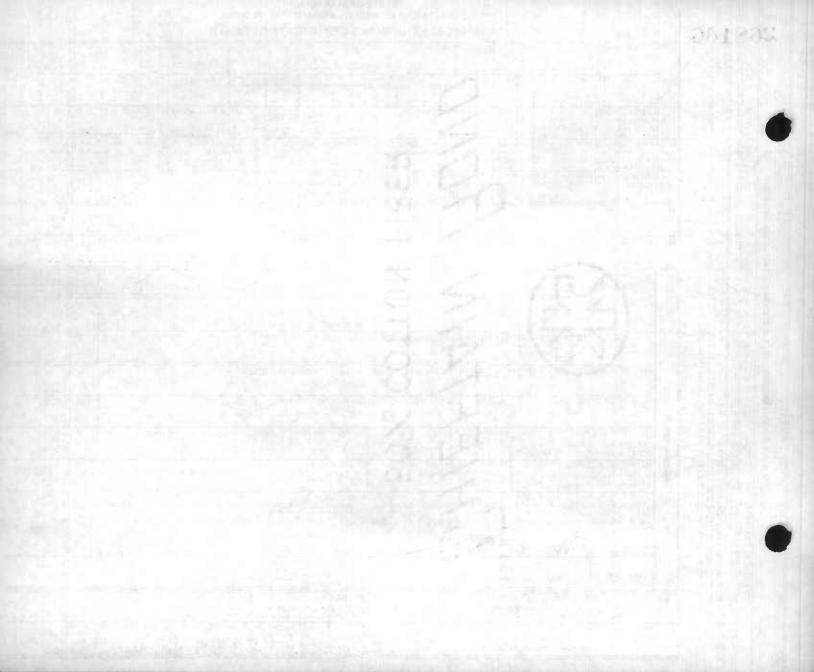
COUNTY ark Cem. Parkville, Balto., Md.=

Burial 24 FUNERAL DIRECTOR

Baltimore, Maryland

STREET BY THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE 268146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME TO DATE KNOWN X MONTH (TYPE OR PRINT) UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS 10 85 DEATH MATED MARCELLOUS SLIGHT 6. AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1085 DEAD Black 28 16 69 YRS Male TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) S. Carolina U.S. WIDOWED [ DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2910 Windsor Ave. Baltimore Manager Theatre JSUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13e STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY HMITS? Md. Balto. YES NO [ 2910 Windsor Ave. 21216 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRST Slight Rebecca Martin Henry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17. INFORMANT ADDRESS 2910 Windsor Ave. I (IF YES, GIVE WAR OR DATES) 218-09-7381 Yes WWII Mr. Hiawatha Generette Balto., Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NOX 21g. EXTERNAL CAUSE WAS 21b TIME OF INIURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN NOT WHILE AT WORK X 27e I certify that I took charge of the remains described above, held on Autopsy Natural causes X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 9-12-85 Assistant SIGNATURE 111 Penn St., BAlto., MD 21201 EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Westview Memorial Park Cremation 9-19-85 Baltimore Maryland 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Bailey-Douglass Funeral Home 1348 N. Calhoun St **DHMH - 17** (VR A15 ME (5))



THE RESIDENCE AND ASSESSED THE PROPERTY OF Helia Milesan Mesa XIII se Mart 145, ar 31 Line and the control of the Manifest Paris Principle 190 E THE THE REPORT OF THE PROPERTY OF THE PROPER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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E-100				

ı		REGISTRAR			CEKTIF	ICATE OF DI	AIN	REG. NO.					
1		CEASED NAME FIRS	T MI	DDLE	l l	AS1		20. DATE OF DEAT	н монтн	DAY	YEAR	26 HOL	JR
ı	FIRE	SOFIA		м.		SLIWA			09	03	185		M
1	1 SEX		4 RACE		5. DATE C			AGE (IN YEARS LA	ST BIRTHOAY)		RIYEAR	IF UNDER	
	F	emale	Cauc.		04	2°ŏ	1890	95	YRS	MONTHS	DAYS	HOURS	MIN.
A	7a BIF	RTHPLACE (STATE OR FOREIGN	N 76 CITIZEN OF W	HAT COUNTRY?	8.	D NEVER M	APPIED T	9 BALTIMORE CI	TY OR COUN	TY OF DE	ATH		
	F	Poland	U.S.A		WIDOWE	DIV	ORCED _		imore	City			MD.
1	)	altimore	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A Med. Co	onter		TUTION	120 USUAL OCCU (TYPE OF WORK FOR M Tailor	OST OF WORKING		126. KIND OF BUSINESS OR INDUSTRY Self		
A	USUA Jac 5	TATE (IF NURSING TO		INE RESIDENCE BEFORE		13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRI	ESS			21	222
0			Baltimore				NO DX	6855 Bos	ton Av	enue	-Bal	t.,	Md.
3	14 FA	THER'S NAME	WIDDLE	LAST	- 1		MAIDEN NAM IRST	E MIDD	LE		LAS1		
74		Jakub		Pieklo			ryanna		DDRESS		St	opa	
2		VAS DECEASED EVER IN U. (15 NO OR UNKNOWN) (15 Y	S. ARMED FORCES? [1]	216-07-		Miss.	Mary F.		68	55 Bolto;			
		18 CAUSE OF DEATH (En		ne far (a), (b), and	(c),)	A		Α			APPROXI	MATE INTE	RVAL DEATH
	W	PART I. DEATH WAS C.	EDIATE CAUSE (a)	Acute	Mys	cardie	O IN	ande	n				
	70		DUE TO, OR	AS A CONSEQUE	NCE OF					100			
		Conditions, if any, which											
	/ N	couse (a), stating the	he DUE TO, OR	AS A CONSEQUE	NCE OF								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I											
	Z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR (	CONDITION	GIVEN IN	PART 1(c		
7	ATIC	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH (	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF	YES, WER	E FINDIN	IGS USE	D
7	CERTIFICATION							YES T NO!		TIFYING	CAUSES	OF DEA	
1	CER	210 ACCIDENT WAS UNDERLYIN	110110 4 44		VEAD.	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF	T MET IN TRULK	8 PART I OR	PART 2)		
	AL	OR CONTRIBUTING CAUSE	OF DEATH	. MONTH DA	Y YEAR								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE O	FINJURY	100	211. LOCATIO	N	CITY	ORTOWN	co	UNTY	77/2	STATE
	2	WHILE NOT WHILE AT WORK	] [AT HOME, STREET	ET, FACTORY, OFFICE, FA	RM, ETC.)	3 INCE				A			
		22a L certify that (I) (this		deceased from	. 2		. 19 77	. to 9	3	19 03		hat (I) (	we) last
	Ø.,	saw the deceased ali- abave, (I) (we) (did) (a	ve an 5 2	fter death	, or	nd that in (my) (	our) apinian de	eath occurred on t	he dote and h	our and f	ram the a	auses st	ated
		22b. SIGNATURE	0			DEGREE		/		27	c. DATE	SIGNED	
	-94	m.	0000	ee_		Р		DIRECTOR   PH	STAFF YSICIAN [		9-9	-85	
		22d. PHYSICIAN'S NAME			Ren E	22e ADDRESS	,	00 -000	1.20	- 1	15	201	
		MORTON		- 17		1273	6 ti		HE SI	2	16.	4	
	230 B	URIAL, CREMATION, REMO				EMETERY OR C	REMATORY	23d LOCATION CITY OF TOW		COUN			STATE
		SPECHY) Surial	09/06	/85   St.	Sta	nislaus	Int. C.	DE CID. DV DE CIC		timo			Md.
		INERALDIRECTOR NAME NAME Dabrow	ski - 1005	Dunda Ik	Aveni	1e 21224	OF	BEC.D BA SECRET	CIENA.	David	SIGNA SON-	ande	12
	- "	alcel Dablow	1005	Dandark	and CTIC			- A WAY					

BP. DHMH-16 30M 2/80 (VRA 15, 4)

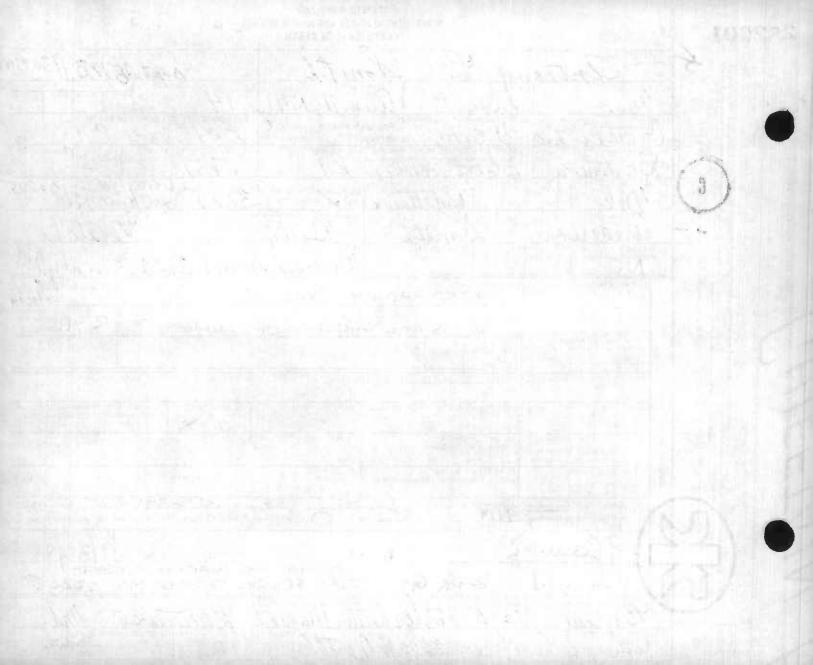
IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carbanpa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remav

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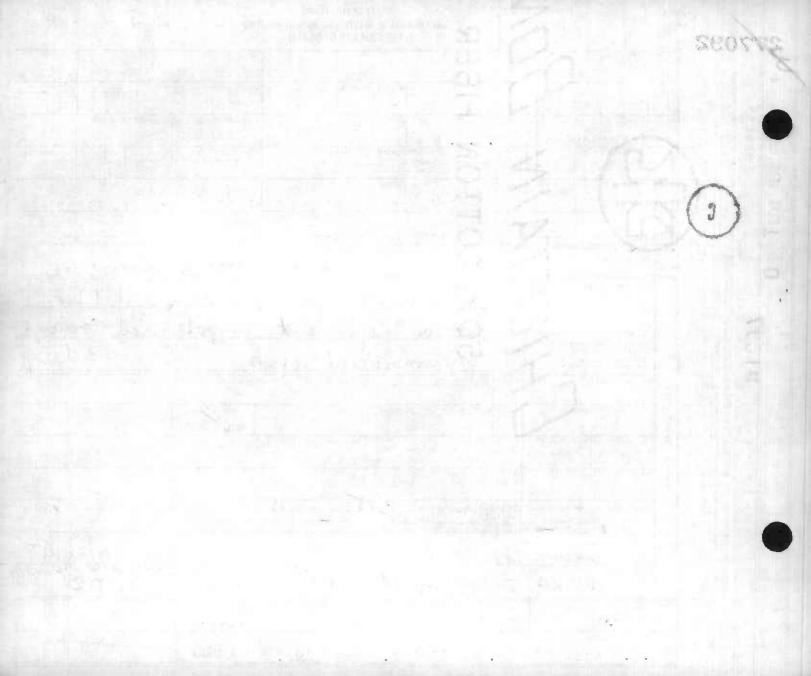
282001	1 - FOR STATE REGISTRAR	STATE OF M. DEPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGIEN	25542
ge 4 may be ester, page 3 ester death	1. DECEASED NAME ITHE CARSINES	thony J. Smi	20, DATE OF DEA	Sept 28 1985 1/36 1910
ofter death. Po	70. PRIMPLACE (STATE OF DOWNER )  10 CITY OR TOWN OF DEAT	hid U.S. A. WIDOWED	DIVORCED DA	ITY OR COUNTY OF DEATH  MD.  IPATION  ACS OF WORKING LIFE)  12b. KIND OF BUSINESS OR  INDUSTRY
within 24 hours olered to a control of a con		Ballmon YES	ASIDECITY LIMITS? 13 STREET ADDR	DORNLYN KO
BALTIMORE, M. cote be executed system and fample 1. pages 1 pr. vol. 1. the medicarea.	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)  18 CAUSE OF DEATH	(IF YES, GIVE WAR OR DATES)  (Enter only one cause per line for (a), (b), and (c)	iderson Smith.	3682 Dennlyn  APPROXIMATE MER APPROXIMATE MER APPROXIMATE MER APPROXIMATE MER APPROXIMATE
55, 201 W. PRESTON ST., Uries that the death certific signed by the attending phen please remave carbanguen burial, cremation, or remainary, or other troumatic ever	Conditions, if ony, gove rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNI	which the Due to, or as a consequence of the Due to, or as a consequence of the Due to, or as a consequence of		
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NG PHYSICIAN: The law require offending physician.  Ifter this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be had not been 18 shows any injury	OR CONTRIBUTING CA OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICA 21d, INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	USE OF DEATH LEXAMINER)  D  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LC	OCATION STREET COTY	OR TOWN COUNTY STATE
L OR ATTENDI whe hospital or L DIRECTOR: A fached for use e Dept. of Heal		DEGREE	in (my) our) opinion death accurred on  E  ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN	the date and hour and from the causes stated  221. DATE SIGNED  STAFF HYSICIAN
TO HOSPITA retained by TO FUNERA should be de with the Stot MPORTANT	230 BURIANCEMATION, R	SCO J. BARRIGA BLD	ADDRESS NATIONAL ILST	ESDA, MD, 20205
BP	24 FUMERAL DIRECTOR	15-5-85 Verheitus	memile Bai	TRAN 256 REGISTRANS SIGNATURE



1101 E. North Ave.

March F/H Co.

(VRA 15, 4)

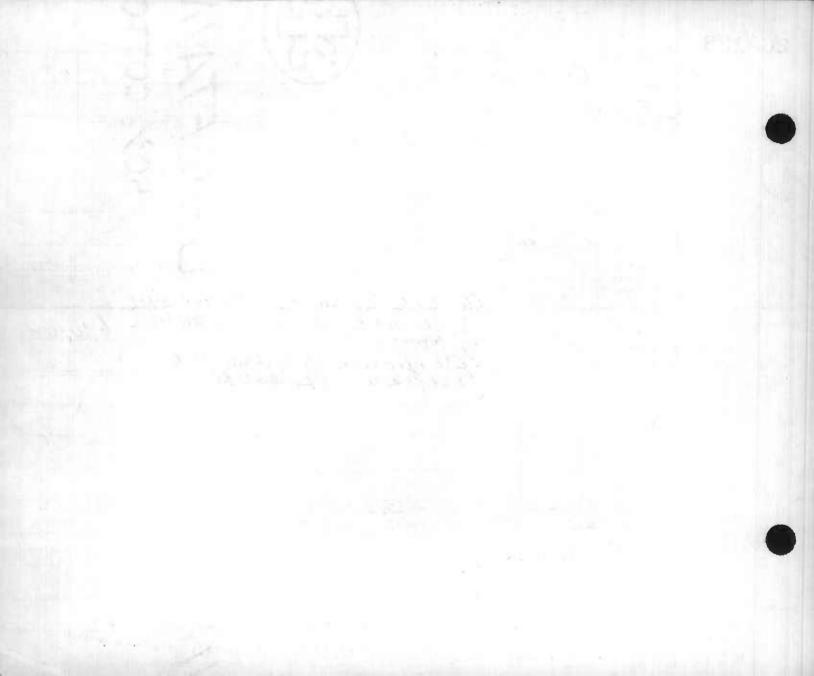


273054	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		
1 74		CEASED NAME Carrol	CANNO M.	(MITH)	20 DATE OF DEATH MONT	24 85 2:25 AM
ge 4 ma ector, pr	1. SE	h	4 RACE B	S. DATE OF BIRTH  MONTH DAY YEAR	2 13	MONTHS DAYS HOURS MIN.
A TO		M D	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		-TIMORES CITYMO
4 17 4/2	II. C	BACT	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  TRUCK Drive	
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1130		John	MIDDLE Smith	15 MÖTHER'S MAIDE Julia	N NAME  MIDDLE  ADDRESS	Butler
be exect		VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN} (IF YES, GI	RMED FORCES?  VE WAR OR DATES)  166. SOCIAL SECTION  217-05			Fairview Ave
physici onpaper emovol.		PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b), and ED BY:  UTE CAUSE (a) Left		reumnia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death ce by the ottendin oss remove corb il, cremation, or i		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU			
equires to signed Then ple	NO		CONDITIONS CONTRIBUTING TO	Al - Leimer	TERMINAL DISEASE OR CONDITIONS $\mathcal{O}_{\mathscr{C}}$	N GIVEN IN PART Ha
he law roon. has been thermit. ene prior	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
PHYSICIAN: The ending physicion this certificate he buriol-transit and Mental Hygie d or frem 18 sho		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D	AY YEAR	CCURRED (ENTER NATURE OF INJURY IN II	EM 18 PART ( ORPART ?)
offending offending ter this c is the bur h and Me	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME_STREET_FACTORY, OFFICE.	FARM ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital ar IRECTOR: Al hed for use o ept of Healt		sow therefereased alive of abave (ly we) (did) (did no	oitol) ottended the deceased fram.  n 9/2 4 19 ot) view the body after death.		pinian death accurred an the date as	
0 . 0 40		226. SIGNATURE A	Glast Mo	DEGREE ATTENDI PHYSICI	ING MEDICAL STAFF	9/24/8
TO HOSPITAL C retained by the TO FUNERAL should be detoo with the State E MPORTANT: If			GOLDSTEIN, M.E		NAT HOSP-	
BP		BURIAL, CREMATION, REMOVA Burial		NAME OF CEMETERY OR CREMAT butus Memoria	al Pk Arbutus	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME  11iam C. March	F/H 4300 Wabash		SEP 26 1985	Ma Doindson-Rondo



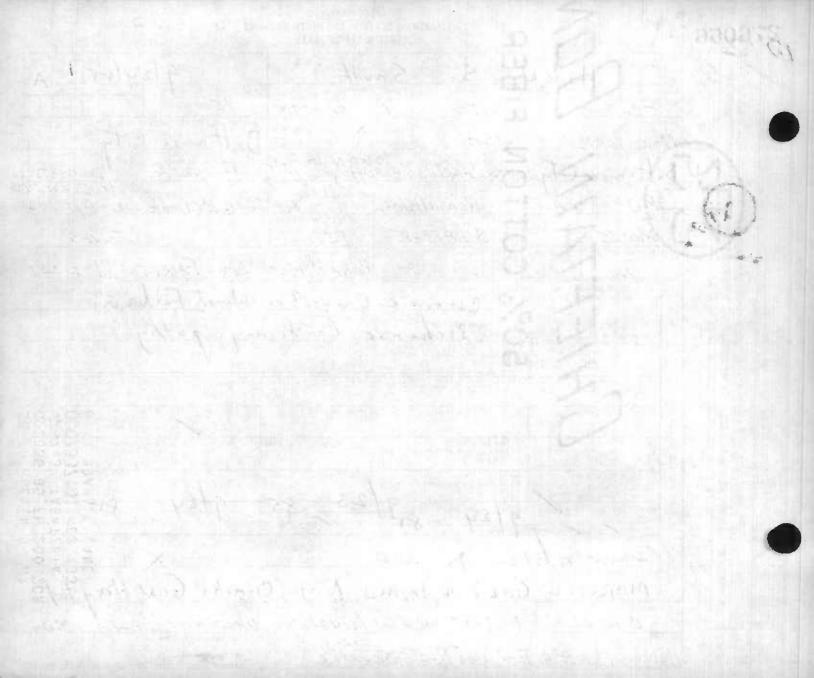
	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 2		
37041		CEASED NAME	FIRST		MIDDLE		AST		MONTH DAY	YEAR	26 HOUR
oge 3	(TYPI	ORPRINT) Ch-	ristin	11	MARIE	,	Smith		09 29	85-	12:5A
poge er deo	3. SE	x		4. RACE	11/1/1/1	5. DATE O		6. AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS
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	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126. KIND OF	F BUSINESS C
you and	13	Alti	1	Total	1 L D	aus To	7	Domestic	WORKING LIFE)	INDUSTRY	
d in be t	JUSU 130	AL RESIDENCE (IF NU	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			7 7 7
hin 24 h		arvland	130.000		Baltimo		YES NO	3624 Belv	edere		21215
+ 00		ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	7
m ble who		Lawrence			Hicks		Mildred	Mode	Yo	ung	- 41
d comp		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE 182	4 Ashbu	rton	St.
n ond c		no	₹# 1€3, G11	. WAN ON BAILES,	214-40	-2930	Lawrence Hick	s, Jr. Bal	timore.	Md	
sicro pers ol.		18 CAUSE OF DEA	TH (Enter on	y one couse per	line for (o), (b), a	nd/es/	40	,		BETWEEN	MATE INTERVAL
phy n po n po n po n po n po n po n po n po		PART I. DEATH		D BY: E CAUSE (o)	7 Ca	acer	of Esople	espea		51	month
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signed sen ple o burro jury, or		PART 2 OTHER SIG	SNIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	a ·
The r to l	CERTIFICATION				I Part of the						
prio prio	3	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
hows	E				Elf-Silver			YES NO	YES [		NO 🗌
physicie mificote ol-tronsil tol Hygir m 18 sh		210. ACCIDENT WAS U		21b. TIME C	OF INJURY .M. MONTH [	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
this certifico te buriol-troi de Mentol Hy	MEDICAL	OR CONTRIBUTING			.M.	19					
or or	à	21d. INJURY OCCU			OF INJURY	FARM FTC \	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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Direction of them		276 SIGNAPURE	1	11	1	۸	DEGREE			22c. DATE	SIGNED
		Kon	- W	ust	M	0	ATTENDING PHYSICIAN [	MEDICAL STAT	IAN OK	91	29/8.
FUNERAL UID be detailed by the Stote ORTANT:		224 PHYSICIAN'S	AME (TYPE O	R PRINT)	1		220. ADDRESS	Francisco Francisco	,		
5 - 5 - 6		10	n	(MI	5 2		U. L1)	eatons	Mel	(e)	1ter
ep of short	23a	BURIAL, CREMATION	I, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial		Oct.	3,1985 N	1t. 01	ive Chr. Cem.	Prince Fre		Calua	STATE Md
	24 F	UNERAL DIRECTOR						E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE
H - 16 50M 4/82	C	NAME	C	Dans '	ADDRESS	a Flore	TO MA John Son	1 anne /	0. 20	4	Discount of the

ITEM NUMBER 4, PER. PH. CALL



		FOR Film G608	3 item 12a		TE OF MARYLAND		0	C : /	2
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ined by the hospital or attending physician.  FUNERAL DIRECTOR, After this certificate has been is uld be detached for use as the burial-transit permit. The the State Dept. of Health and Mental Hygiene prior to attend to the month of the second term 18 shows any injury.	MEDICAL	19a. DATY OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  LIFE LITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  22a   certify that (I) (this hospi sow the deceosed alive an above, (I) (we) (did) (did no	21b. TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME. STREET, FACTO (tol) offended the deceo-	DNTH DAY YEAR  19  IRY  ORY, OFFICE, FARM, ETC.)  sed from 9  ath, 19	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. LOCATION STREET  214. LOCATION STREET  215. LOCATION STREET  216. HOW INJURY ( PARTICLE STREET  216. HOW INJURY ( PARTICLE STREET  216. HOW INJURY ( PARTICLE STREET  217. LOCATION STREET  218. LOCATION STREET  219.	PER DOCCURRED (ENTER NATION OF THE PROPERTY OF	IN CER  NO IN IN CER  RE OF INJURY IN ITEM  CITY OR TOWN  TOWN  STAFF  PHYSICIAN IN  PLYSICIAN IN  P	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	ST/

Jan 2 of 2 miles SEP 1 6 895 (25 fema)



4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEP 2 4 1985 Filia Davids

DIVISION OF VITAL RECORDS.

DHMH-16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

George J. Gonce

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259107	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	REG. NO	2 5 5	5
oy be	I. DE	CEASED NAME FIRST	S MIDDLE AHN	LAST SW	ith		9 09 85	5 8 15,
Poge 4 m	2	Female	Negro	MONTH DAY	2 G	56	YRS.	DAYS HOURS MIN.
leoth. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		R MARRIED	BALTIMORE CITY O	R COUNTY OF DEAT	<b>H</b>
so offer	200	Ba Ho	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET	Sp.+a	STITUTION	Principa		
in 24 hou	IJs.	Md. B	II a Die	N 136 INSIDE	NO 🗆	13e STREET ADDRESS 7905 CRIS	ford Pla	21268
* ************************************	Ł	ATHER'S NAME  HISTIRAYA	MIDDLE GIFTERE	15. MOTHER	FIRST Len	MIDDLE	Cooper	tAST
and	1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU 214-28-6	17 INFORM	10	ith 7905	ss Crisford	PI.
rhificote men popul			lly one couse per line for (o), (b), on D BY:  TE CAUSE (o) Cardio (e)	sfirday g(ci)	Arrest		BETW	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
he deoth ce e standing mane cost nation of		Canditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUI	adic breas	t cance			
gned by n pleas burial. c-	7	underlying couse lost	(c)CONDITIONS CONTRIBUTING TO I		ED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PAR	RT I(a)
ow requirements and remains the prior to be only injury	CERTIFICATION	Gastric 190 DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED
hos on .	RTIFIC	No	NA			YES NO	IN CERTIFYING CALL	NO 🗌
SICIAN: ng phys certifico uriol-troi	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	TY YEAR	0	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAR	1 2)
VG PHY offer this frer this sos the but hond M	WED	WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM. ETC ) 211 LOCAT STRE	ION ET	CITY OR TO	wn COUNT	Y STATE
ATTENDII sspitol or CTOR: A d for use I. of Heoli		sow the deceased alive on obove, (I) (we) (did) (did no	tal) ottended the deceosed from	9/28 85, and that in (my	y) (our) opinion de	to 9/9 eoth occurred on the do	te and hour and from	, that (I) (we) lost the couses stated
OR he he ochecochec		22b. SIGNATURE Rhevido	Like	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F	18/85
TO HOSPITAL retoined by the TO FUNERAL should be detributed to with the Store with the Store important.		Physician's NAME (TYPEO	( ) 1	1) Sie	nai Ho.	op of Ba	Himor	2
BP	230.	BURIAL, CREMATION, REMOVAL	10	Name of CEMETERY OF		23d. LOCATION CITY OR TOWN Balto	COUNTY	Md. STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	NERAL DIRECTOR	ADDRESS		- SEI	P 1 1 1985	25b. REGISTRAR'S SIG	NATURE

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3 SEX

REGISTRAR DECEASED NAME TYPE OF PRINTS

FEMALE

MARYLAND

MARYLAND

FATHER'S NAME WILLIAM

151 ATE OR FOREIGN

BALTIMORE

THOMAS

16b. SOCIAL SECURITY NO.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MAY 28, 1904

MARRIED NEVER MARRIED

17 INFORMANT

SMITH

5 DATE OF BIRTH

N/A

N/A

	REG. N	10.						
	20. DATE OF DEATH	MONTH	OA'	r	YEAR	26 HOL	JR .	
		9-30	-	19	85	11	:552	
	6 AGE (IN YEARS LAST B	RTHOAY)	- IF	UNDE	RIYEAR	IF UNDER 24 HRS		
H	81	YRS	MO	Nims	DAIS	HOURS	MIN	
	9. BALTIMORE CITY	OR COUNT	YO	F DE	ATH	-	-112	
	BALTIMO	RE CI	T	Υ	1	1	MD.	
	12a USUAL OCCUPAT	ION		12b.	KINDO	F BUSINE	SSOR	

HOME

U.S.A.

BLACK

LOUISE

4 RACE

841 WEST LEXINGTON STREET

15. MOTHER'S MAIDEN NAME ELLA

MILBURN **ADDRESS** 

214-24-2965 KAREN WHEELER 841 W.LEXINGTON ST.

18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	IA. UF THE	STOMACH W	ITH METAS		TWEEN ONSET AND OFAT
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF    b)  DUE TO, OR AS A CONSEQUENCE OF				N.
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT		MINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, WERE	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	2 lb. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU		URY IN ITEM 18 PART I OR	PART 2)
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	ZII LOCATION STREET	CITY OR FO	OWN COL	INTY STATE

220 1 certify that (1) his hospital) attended the deceased from\_

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

IMPAGLIATELLI D.

CHURCH HOSPITAL 100 N.

BURIAL

10/4/85

NEW CATHEDRAL

BALTIMORE,

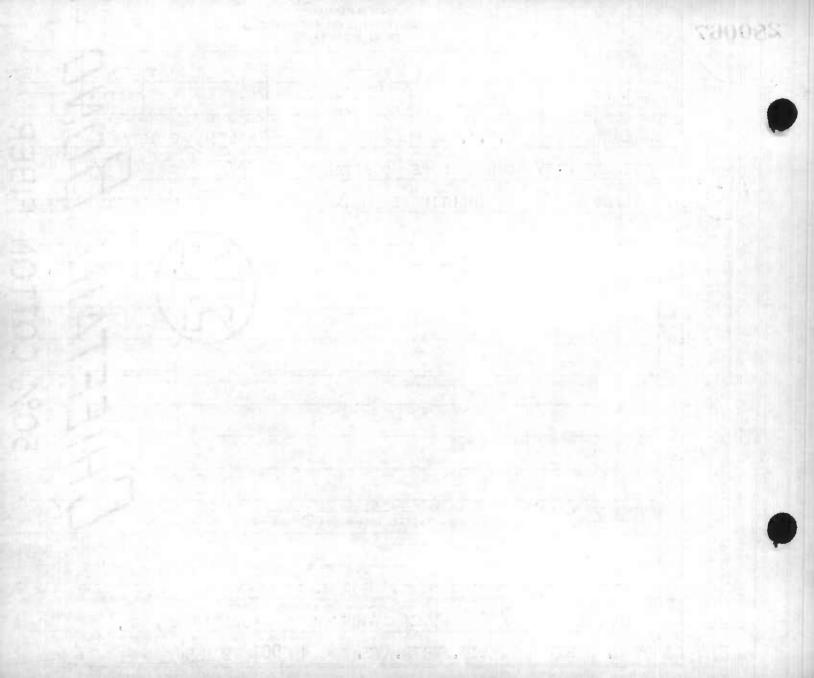
24 FUNERAL DIRECTOR

MPORTANT: # #

LEROY O. DYETT 4600 LIB. AGATS, AVE.

OCT

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - - www. woon-frande 19



# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carban papers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2120

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DEC	CEASED NAME FIRST		MIDDLE	l.	AST	7 - 3 - 3	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
4	IIIer	OR PRINT) Ma	ry Ba	rbara	Smi	th		September 7	. 1985	5: 30 PM		
-1	3 SE)	X	4 RACE		5. DATE C	F BIRTH		6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR			
	HD.	Female	Whi	te	MONTH	28	06	79	RS MONTHS BATS	HOURS MIN.		
1	o BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- D NEWED :		9 BALTIMORE CITY OR COL				
57		Maryland	4.5	.A.		D NEVERA		Baltimore (	ity	MD.		
L	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INST	ITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OF				
Si		Baltimore	Gard			sing Ho	ne	Retired Housework				
-	130		ME OR OTHER INSTITUTION OUNTY				130 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP C					
3	-			Dactimone YES XX NO   012 300					rtford Av	re. 21224		
	14 FA	ATHER'S NAME	MIDDLE	, LAST ,		-	MAIDEN NA	MIDOLE		AST		
		yeorge		Lipka		Jo	sephine	-				
60	160 V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMA		ADDRESS				
		YES, NOR UNKNOWN) (IF YE	219-14-0431 Kenneth Smith 612 S. Montford							21224		
		18 CAUSE OF DEATH (Ent	er only one couse pe	r line for (a), (b), and	1	- 7-		11	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH		
		PART I. DEATH WAS CA	DIATE CAUSE 10)	6	cente	Mezo	cardial	Superation				
П			DUE TO, C	R AS A CONSEQUE	NCE OF	0	1.	1 0 -				
		Conditions, if ony, which		Chite.	issel	whi !	endions.	senter Dissur	George			
		gove rise to immediate couse (a), stating the	e DUE TO, C	OR AS A CONSEQUE	NCE OF				0			
		underlying couse los	(c)_						11.			
		PART 2. OTHER SIGNIFICA	NT CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDINON	GIVEN IN PART	lio" .		
	CERTIFICATION	Keartin	Desouss	in , 1204	1.	Rept	whith	in alpha	inlar D	lodent		
2	CAI	190 DATE OF OPERATION	MAP COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED		IF YES, WERE FIND ERTIFYING CAUSE			
7	TIF							YES NO	YES 🗌	NO 🗆		
)		210. ACCIDENT WAS UNDERLYING	LIOLID A	OF INJURY .M. MONTH DA	Y YEAR	21t. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)			
7	EDICAL	OR CONTRIBUTING CAUSE C	A DEATH	.M.	19							
	ED	21d INJURY OCCURRED		OF INJURY	IRM FICA	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE		
	2	AT WORK AT WORK		MEET THE TONT, OTTICE, TO		11	1 011	a /	2/2-			
		220.1 certify that (I) (there	ottended t	ne decrosed for	7 ,000	6/0	19.0	, to	119 83	, that (1) (we) lost		
		sow the deceased aliv	e on	ofter death.	, on	d that in (my)	(aue) opinion o	death occurred on the date and	hour and from the	e couses stated		
		22b. SIGNATULE				DEGREE		Company of the same	22t. DAT	ESIGNED		
U		aller 1	Dradle	1	1	no A	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9	19/85		
		22d PHYSICIAN'S NAME (	TYPE OR PRINT)	1		22e ADDRES	S					
		ALBERT B. BI	RADLEY, M.	D.		4900	BELATE	RD. BATTIMORI	7 MM 21	206		
		BURIAL, CREMATION, REMO			AME OF C	EMETERY OR		23d LOCATION		-408		
	(	Burial	9-11-	-85 Du	Maney	· Valle	y Mem.	Cockenavi 11	Balto (	a. Md.		
	24 FU	UNERAL DIRECTOR		1			25a. DATI	E REC D. BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE		

Charles S. Zeiler & Son Inc. 901 S. Conkling St.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

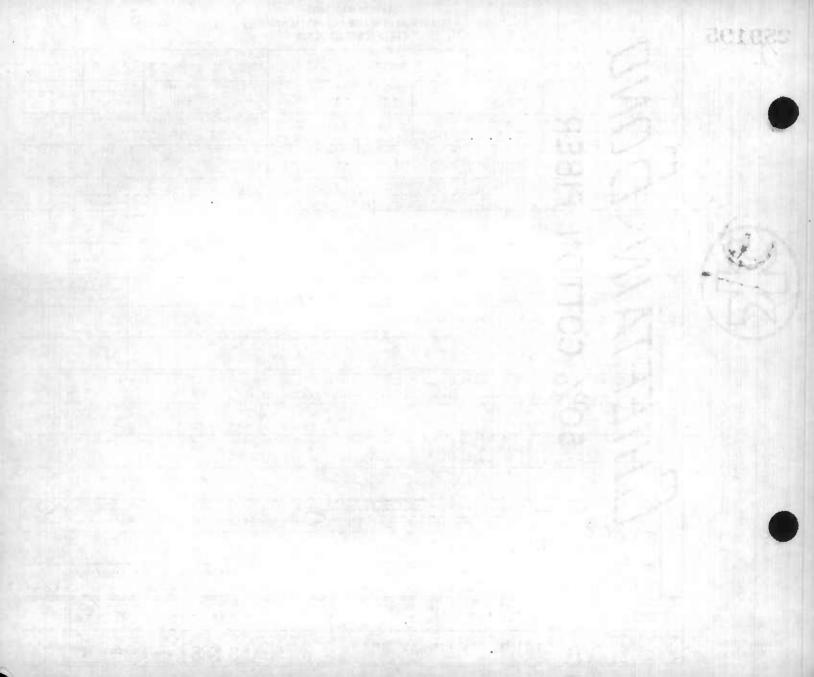
IMPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other troumotic event, th

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Process Species Son Inc. 101 Sone in St.

5	1 -	FOR STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO.							
		OR PRINT)	FIRST	L.	MIDDLE	SMIT	ast CH	20. DATE OF DEATH SEPTRMBRI		1985	26 HOUR 9:00
	3. SEX FEMALE		BLACK 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S. DATE C		6 AGE (IN YEARS LAST BIR	UNDER LYEAR OF UNDER 24 HR			
0 Long	70. BIRTHPLACE (STATE OR FOREIGN NORTH CAROLINA) 10. CITY OR TOWN OF DEATH BALTIMORE				MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
35							124 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	126 KIND OF BUSINESS INDUSTRY			
embg be	13a S	AL RESIDENCE (IF NUR. TATE RYLAND	13b COUN	OTHER INSTITUTION	BALTIN		134 INSIDE CITY LIMITS?	625 N. BE	ZIP CODE	RD STE	2120 REET
with the Store Dept. or negith and memor nyglene prior to buriot; cremation, or remayor.  ImpORTANT: if them 21 is marked at them 18 shows any injury, at other traumatic event, the strain and the strai	14 F/	Charli	e	Sheppard		Creasy MIDDLE MIDDLE			LAST		
	NO CES, NO OR UNKNOWN) (1F YES, GIV			MED FORCES? 166 SOCIAL SECURITY NO.		SHEILA SMITH 408 MADEIRA STREET			ET IMATE INTERVAL ONSET AND DEA		
	CERTIFICATION	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10)  CARDIAC ASYSTOLE  MINUTES  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate coluse 101, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  CHRONIC OBSTUCTIVE PULMONARY DISEASE  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USES IN CERTIFYING CAUSES OF DEAT									a NGS USED OF DEATH:
	_	210. ACCIDENT WAS UNI	CAUSE OF DEA	111	PFINJURY M. MONTH I	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	YES	land.	NO 🗌
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET	CITY OR TO	wN	COUNTY	STAT
		22a I certify that (this hospital attended the deceased from XKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
		DAVID H. MADEFF M.D., PhD  220 ADDRESS CHURCH HOSPITAL CORPORATION 100 NORTH BROADWAY BALTO. MD. 212									
		RTAL	REMOVAL	23b. DATE 9/14/			emetery or crematory Zion Cemete	CITY OF TOWAR	IORE	MARYI	LAND
7/84	24 FI	NAME NAME	// 1	101 F	N O DATE PAR	AVENI		TE REC'D. BY REGISTRAR			



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00045	-0	FOR STATE				MENT OF				13		lin	(C)		٠٠) -	,
+ 26015		REGISTRAR DECEASED NAM	E FIRST	ME	MIDOLE	EXAMIN	EK.2 C	EKITFIC	LAILC	FUEA		REG.				
0 1		(TYPE OR PRINT)			MIDULE			TWOL			Or	KNOWN ESTI-			OAY YEAR	26 HOUR
PLEASE GOOR. FILES.		er.v	Melvir	1	Leon			Smith				MATED		9	619 8	- 111
35 E S S	2 3	SEX	4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATI	NCED	MÓN	ATH.	DAY YEAR	24 HOUR 2:15
7/5/2008	5 /12	Male	Black		1948		S.				DEAL	D		9	6 19 8!	5 2.134
HEGESSARY, PLEASE UNERALI DIRECTOR, FOR YOUR FILES. WITHIN 72 HOURS	YUX.	BIRTHPLACE (S FOREIGN COUNTRY)	TATE OR	76. CITIZEN OF WI		ITRY?	8. MARRIE	D NEV	VER MARR		9. BALTIA	AORE CIT	Y OR CO	UNTY	OF DEATH	
ON NOW A	7 /	ashingto			5.A.		WIDOWI		DIVORC			imore			-30	MD
AACE FIED	201	CITY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTHE	R INSTITUT	TION	12a USU	MOST OF WO	PATION	TYPE OF WO	ORK 12b	OR INDUS	BUSINESS
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M. P. C. S. M.	100	Willia	m L. Smit	th,Sr.		1031		Lou				mport		Far		
M 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	201	MAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	1111	IAL SECURITY	'NO.	17. INFORM	MANY MC	ther	)	ADDRI			PLEAS	ANT,
BALTIMORE SS AFTER DE GIVE P. CE MITH FO WAGES		Yes	68-19	WAR OR DATES)	216	50 68	34	Louis	e Swi	ft/7	252	Jopli	n St		MD.	20743
WII WII	3	18 CAUSE C	F DEATH (Enter onl	y one cause per line	far (a), (b)	), and (c).)								-	APPROXIMA	ATE INTERVAL
	1	PARTIDE	ATH WAS CAUSED			ated 1	iver	with	comp.	licat	ions			19	BETWEEN ON	SEI AND DEATH
2	20	814	O			ISEQUENCE (					12.3	201-				Using.
E (ENS)	SE SE		ns, if any, which se to immediate	(b)												
× 5388	88	couse (a	stoting the under-	< 1-1	AS A CON	ISEQUENCE (	F	17-171-	11-11-						1.75	
S PAN S	58	lying cau	use lost.	(e)												
SESSE DE	Z Z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a).						
BIVISION OF VITAL RECORDS. S. CERTIFICATE SHOULD BE EXECUTED STRING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL RESPONDED AS A BUILD FOR SHOULD BE USED AS A BUILD FOR SHOULD BE USED AS A BUILD FOR SHOULD BE USED AS A BUILD AS A BUILD AS A BUILD AS A BUILD BUILD AS A BUILD A	SEA I	8														
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SIVISION OF VITAL CERTIFICATE SHOU SIGING THE WORD RES SHOULD BE USE	3	Ĭ.													YES 🗌	NOX
OF VIEW	No.	210 EXTERNA	AL CAUSE WAS	216. TIME OF	INJURY	DAY YEAR	21c HO	W INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM	A 18 PART I (	OR PART 2		
N SHOOT	N N		S KLOR NG T CAUSE OF D	EATH 5:55XX	. 8	9 1985	dri	ver i	n aut	to/pa	arked	auto	imr	act		
IVISIC CERTI TING DED 1 3 SH	PRE	214. INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME,	21f LOC			, ,			2111			
PIS CI WRITE	287	WHILE AT WORK	NOT WHILE X	road	IORY, FARM, E	IC )	01	295	& Rt	179	CITY OR TO	)WN		COUNT	. Co.	STATE MD
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A S S S S	El /			e of the remains dep	4	fort 1	Autaps		Inspectio	_	Inquiry		ond in m	iy apınıı	on	
AAM REG	3	death result	ed from Nav	and de la la	17171	AA 1130	cide 🔲,	Homic		Undet	ermined m	onner L	١,			
X US O	. \$	ACTUAL	1	H SWOU	17	WM		Actin		ief			D	ATE	9/6	/85
STEE STEE	38/7	SIGNATURE,	-	4	0 2	1	M.	gric cir.	ig CII.	MED.	ICAL EXA	MINER	SH	GNED_	2/0	, 03
WED CUT	N. S. S.	EXAMINER'S (TYPE OR PRI	NAME Tho	mas D. Sm	ith.	M.D.		DDRESS_	111 1	Penn	St.	Ba1t	to ME	).		
DIVIS  TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED AFTER DIRECTOR: PAGE 3 S	A PA	30 BURIAL CREMA	TION REMOVAL 2			NAME OF CEA					CATION		-0.11	•		
		BURIA	L	9/11/85		ARMONY			/N1		NDCV	ER I	PR. C	OE	SMARY	TAND
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263102	FOR Film g6 1-STATE 9/26/ REGISTRAR	07 item 13b,c 85 rja	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 5 2	5 5 5 0
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
C 3 6 5 5	MILBR	Y T	SMITH	09	11 85 6.414
TU(m 1)	1.5EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Female	White !	Feb. 25, 1919	66 yrs.	AOIS IN MIN.
1 /8	7a BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
7:0	FLA	USA	WIDOWED DIVORCED	BALTIMORE CITY	MD.
(日野多	BALTIMORE		RSING HOME OR OTHER INSTITUTION REFLADRESS! HOSPITAL	170 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING LIF  Teacher	126 KIND OF BUSINESS OR INDUSTRY Education
AN III	TLA IESIDENCE (IF NURSING FOME	JNTY 13c. CITY OR T		6? 130 STREET ADDRESS / ZIP CODE 1211 Bonaire	Dr. 99999
00	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN		TAST
# H 13 /160	J. H.	Tompkins	Selete	V	AcCall AST
E 28	I 60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRESS	
The Property	No.	266 80	7332 Ivan Beye	ers, Leesburg,	FLA 32748
DIXON DIXON  property and prope	PART I. DEATH WAS CAU	only one cause per line for (a) (b) SED BY. ATE CAUSE (o)	and (cs.) SANGOINATION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D. DR. D. D. Comment	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF DEUT	LACERATION	30 min
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NI SS. NC	190 DATE OF OPERATION 8-26-85	GRONARU	ACTE OF THE PRESENT TO SE	YES NO YE	
10 to	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENIER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)
WISION WISION WISION WISION WAS A PART OF THE PART OF	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE FARM EIC ) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
H A STATE	22d I certify that all this has	pital) attended the deceased fra		nian death accurred an the date and hau	19_35, that (we) last
A SECTION OF THE PARTY OF THE P	abave, (1) (we) (did) (did	nat) view the bady after death.		nian death accurred on the date and hav	
A D D D D D D D D D D D D D D D D D D D	226 SIGNATURE	0000	DEGREE	G MEDICAL STAFF	22c. DATE SIGNED
A 4 4 4 4 4 4 4	226 PHYSICIAN'S NAME OF	Del Gral	PHYSICIA 122e ADDRESS	N DIRECTOR PHYSICIAN	9-11-85
HOSP AT A STATE OF THE STATE OF	A S	ALS	LIE ADDRESS	61	
00212333	230 BURIAL, CREMATION, REMOVA	L 23b. DATE 2	36 NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	
4998899	Removal-Burial		Greenwood Cem.	Wildwood,	FLA
PERMIT TA ARM TO SE	24 FUNERAL DIRECTOR Hen			DATE REC'D. BY REGISTRAR 256 REGIST	
DHMH - 16 60M Z/84 (VRA 15, 4)		d Balto ME		SEP 1 6 1985 d	Danista and hartening

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BALTIMORE, MARYLAND 21201

201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

DEC	NO.

		REGISTRAR				CERTIF	ICATE OF DEATH	1	RI	EG. NO.		
	1 DEC	OR PRINT	MILTON	m	VIDDLE	SMIT	AS1		Sept.	1011	DB5_YEAR	26 HOUR
,	1. SEX		4	RACE	211	S. DATE	F 12H		6 AGELIN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male			ck		724 JZ	24	6)	YRS		HOURS MIN.
N	70 BIF	RTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF		RY? 8 MARRIE	D NEVER MARRIE	DX	9 BALTIMORE C	ITY OR COUN	ITY OF DEATH	
$\sim$		irginia	· 1	U.S.A		WIDOWE			Dag	OCL	TU	MD.
6	B	TY OR TOWN OF E	DEATH		HEACILITY, GIVES		exother institution		120 USUAL OCC (TYPE OF WORM SON Laundron	MOST OF PRKING	(IFE) INDUSTRY	OF BUSINESS OR
3	USUA 13a S	AL RESIDENCE (IF N	136 COUNT		GIVE RESIDENCE B		13d. INSIDE CITY LIM YES NO		136.STREET ADDI	RESS / ZIP CO	DE St/	21201
	14. FA	THER'S NAME	M	DDLE	LAST		15 MOTHER'S MAIDI	EN NAM		DDLE	(4	ST
0		Unknow						KNOW				
y		VAS DECEASED EV		ED FORCES? WAR OR DATES)	* .	ECURITY NO.	17 INFORMANT			ADDRESS		
		No			230-5	2-7271	Barbara S	trak	er 102 N	V. Paca		21201
	6	18 CAUSE OF DE	ATH Enter only	one couse per BY:	line far (a), (b	, and ic .1	-01	,	_	1 1		XIMATE INTERVAL
			IMMEDIATE		Carr	morre	0/ 1/01/2	2/4	c me	rastors	es	
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		Conditions, if o		(b)	ful	mon	any Ch	n 50	usm			
Н		cause (a), sto	oting the	DUE TO, OF	AS A CONSE	OUENCE O	V 11	1	/	1111		
		underlying car	use last	( (c)	anc	endu	ve Che	0/0	nait	S		
	NON	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CC	NTRIBUTING	TO DEATH BUT	RELATED TO THE	E TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PART 1	(a
9	CERTIFICATION	THE DATE OF OPER	RATION	196 CONDI	TION FOR WH	TICH OPERATIO	N WAS PERFORMED		200 AUTOPSY	IN CER	YES, WERE FIND RTIFYING CAUSE YES	
4	CER	210. ACCIDENT WAS	UNDERLYING	216. TIME OF			21¢ HOW INJURY O	OCCURRE				
1	AL	OR CONTRIBUTING	_	HOUR A./		DAY YEAR						
	MEDIC	THE INJURY OCC		21e PLACE C	OF INJURY		211 LOCATION				COUNTY	STATE
	×	WHITE D NOT AT	word D	(AT HOME STR	EET, FACTORY, OFF	FICE, FARM, ETC )	STREET		CII	Y OR TOWN	COONIT	SIAIE
		220 I certify that	-	i attended the	de posed Tri	om 9/	2 10_	81	. 10 - 9	1/10	1981	, that (1) (we) last
		sow the dec	perd olive on_	9/9	/n	9	nd that in (my) (aur) a	apinian de	eath accurred ar	hiii date ond h	nour and Iram the	couses stoted
		224 SIGNATURE	1	6/11	grier diram.	1	DEGREE				22c DAT	SIGNED
		/	10/	ull	un	/	ATTEND	ING T	MEDICAL DIRECTOR P	STAFF PHYSICIAN []	9/	10/81
	13	224 PHYSICIAN'S	NAME AND COL	minit;			22e ADDRESS				1	1
N.	197	1	opes	Gel	rema	nau						
	73a B	URIAL CREMATIO	N, MOVAL	III. DATE		23¢ NAME OF C	EMETERY OR CREMA	TORY	23d LOCATIO		400	
		Burial		9-13-	85	Mt. Ca	lvary Ceme	tery	Glen Bu		A.A. Co.	, Md.
	Me	W III W	- Jones			mondson	Ave 21229	Se DATE	REC'D. BY REGIS	TRAR 256 REG	ISTRAR'S SIGNA	TURE
	7	1 asst	ull \	MU	Lill	Prople	won	SEF	17 198	5 Filie	Davidson-1	fandelle

DHMH - 16 60M 7/8 (VRA 15, 4)

Bartsl 9-13-65 Mt. Celvery Genetery Gion Darate, A.A. Co., Md.)



1	FOR  STATE REGISTRAR	DEPART	MENT OF HEAL	TH AND MENTAL HYG TE OF DEATH	REG. NO.	25554
(TYP	ECEASED NAME ROOPEINT	P	Smi	TH	20 DATE OF DEATH MO	18 85 15231
3 SE	Male	Caucasian	S. DATE OF BI	16 37	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MI
164	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR C	1.
В	altimore	II. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE University H	ospital	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  Retired	
2 Ma	JAL RESIDENCE (IF NURSING HOME C STATE JII COU ryland		urnie YE	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE West Drive 210
20	ATHER'S NAME FIRST Leroy	Smith	15.	MOTHER'S MAIDEN NA FIRST  Eva	ME MIDDLE	Carr
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) [IF YES, G	IVE WAR OR DATES)		oan Smith	en Burnie,1	Maryland 2106 West Drive
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	JENCE OF JENCE OF	ACCINOMA	REST Right Lui	
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			20a AUTOPSY? 26	ION GIVEN IN PART 1:0  III. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
400	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		LOCATION	CITY OR TOWN	COUNTY STATE
7	22a. Lecrtify that (1) (this hosp saw the aleceased alive o	ot) view the body after death.	DEG		to 5/18 death accurred on the date.  MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the couses stated  22c. DATE SIGNED
23a	BURIAL, CREMATION, REMOVA	1 23b. DATE 23c		TERY OR CREMATORY  Cremator	V Catonsvil	lle Balto. Md.

DHMH - 16 60M 7/114 (VRA 15, 4) Raymond C. Fink Glen Burnie, Md. 21061

Westview Crematory Catonsville Balto. Md.

2.5 15 25 15 is institutional of a far and the state of t Comed Come Programme Region Lawrey Sylvenie

Take of the same and the case a

AND 21201

201 W. PRESTON ST., BALTIMO

DIVISION OF VITAL RECORDS,

FOR STATE

filled in by the funeral director, page 3 ould be filed within 72 hours ofter death corbanpopers. Pages ? 10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave corban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remaval.

IMPORTANT; if them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

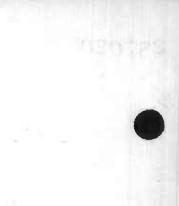
TO MOSPITAL OR ATTENDING PHYSICIAN The low

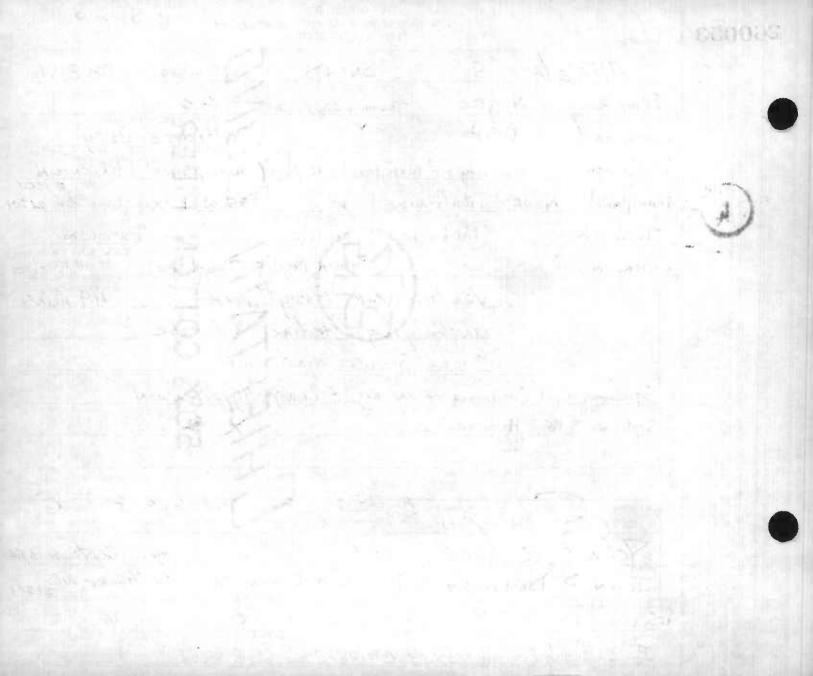
DHMH - 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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2	2	.)	O	0.0

П		REGISTRAR		CERTIFICATE	r DEAIN	REG. N	0.		
1		CEASED NAME FIRST	MIDDLE	EAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1	( I YPE	Vivian		Smith		1.34	9/30/85	5	8:25Am
	3 SEX	х	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	ODER I YEAR	IF UNDER 24 HRS
		Female	Black	8/24/0	9 YEAR	76	YRS.	HS DAYS	HOURS MIN,
3	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVE	B AA A B B IE D	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
5	V	IRGINIA	USA	WIDOWED [	DIVORCED [	Baltimor	e City		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	ADDRESS)	NSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		26 KIND O	F BUSINESS OR
4		altimore	Pimlico Manor						
-	13a. S	STATE 136. COUN	NTY 13c. CITY OR TOWN	N 134 INSID	E CITY LIMITS?	13e STREET ADDRESS		St.	1227
	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTH	ER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	- 1
)		NICC	EAYFI	ELD EL	LEN			MA	SON
		WAS DECEASED EVER IN U.S. AR.	VE WAR OR DATES)		1 46	ADDRI	ESS		
		No	224-18-2	2658 <b>210</b>	TARD SM	11TH 5	IZ MT.	HOLL	y 57.
		18 CAUSE OF DEATH (Enter on	nly one couse per line for ial, (b), ong	181			I	BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	TE CAUSE (o)	0					
			DUE TO, OR AS A CONSEQUE	NICE OF				2 17	
		Conditions, if any, which	( 1b)	INCE OF					
		gave rise to immediate cause (a), stating the	)						
		underlying cause last	DUE TO, OR AS A CONSEQUE	NCEOF			1		
		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN:	N PART 10	2
	o S								
	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	REORMED	20a AUTOPSY?	20b. IF YES, WE		
	CERTIFICATION	N/A				YES NOT	IN CERTIFYING		OF DEATH?
	E E	210 ACCIDENT WAS UNDERLYING			/ INJURY OCCURR	ED (ENTER NATURE OF INJU			- 0
1		OR CONTRIBUTING CAUSE OF DEA							
	MEDICAL	(# EITHER NOTIFY MEDICAL EXAMINER	P.M.  21e. PLACE OF INJURY	19 211 LOCA	ATION				
	ME	west I'll notwest I'll seem	LAT HOME STREET, FACTORY OFFICE FA		REET	CITY OR TO	)WN	COUNTY	STATE
			ital) attended the deceased from	5//2	10 PU		1/36 10	8.5	that ( (we) last
		saw the incorrect of the	9/12 19 7	2 -	ny) our) opinian d	leath accurred an the d			
		27h SIGNAHORS	view the body after death.	DEGREE	9	/		22c DATE	
		V		DEGREE	ATTENDING	MEDICAL STA			10-85
_		22d PHYSICIAN'S NAME THE O	M MANAGE CO.	22e ADD		DIRECTOR   PHYSIC	CIAN	1)	003
			Lebson, M.D.			Lane 212	15		
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY		23d. LOCATION		UNTY	OCCSTATE /
		BURIAL	10-4-12 0	EDARHI		. BAZTIN	WRE,	MA	1CY LAND
	24 FL	UNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATI	URE
	BR	OWN/THOMPSON F	H. 1913W.BA	TIMORES	7. 00	0 1985	Julia Ko	4	0





	1-	for State						AND MENTAL H	U ·	J 61=	. 5	) 0	d'a
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7	T. DEC	EASED NAM	FIRST		WIDDLE			LAST	2a.	DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26 HOUF
20 H 지 및 다	00000		Ida		Α.		Sr	nowden		DEATH MATED	□ 9/	14/19 8	5 /
E CHARLES	1. SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR. IF UNDER		DATE	MONTH	DAY YEA	2:08
Sages	Fe	nale	B1ack	8 9	25	60 YR		DATS HOURS	MIN.	DEAD	9/	14/198	
A SET SET A	Ju. Bi	RTHPLACE (I	PATE OF	76. CITIZEN OF WH		ITRY?	8. MARRI	ED NEVER MARRI	ED 9.	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
の高さるを見つつ		The Court of the	Md.	USA			WIDOW			Baltimon	re City		M
お前が出	10. CI	TY OR TOWN	OF DEATH	IT NAME OF HOS			OR OTH	ER INSTITUTION	12a USUAL	OCCUPATION		OR INDUS	
ALAERA CO	1	Baltim	ore	Luthera					FOR MOS	T OF WORKING LIFE)		OK INDUS	SIKI
200	USUA 136 S		(IF IN NURSING HOME C	OR OTHER INSTITUTION, GI		OR TOWN		Irad metar curvinusca	130 STREET	ADDRESS			
4 1	0	Md		11	Balt			T3d INSIDE CITY LIMITS?		Gelston D	r. 212	20	
West F	14. F.A	THER'S NAME			TDaire			15. MOTHER'S MAIDE					
5 to 0		Lee		MIDDLE	Taylor	LAST		Maria -		MIDDLE		LAST	
NA STATE	láa V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	Maria 17. INFORMANT		ADDR	ESS		
SSO /	(1)	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	217	20-6555		Cecelia Col	line	2711 11	C	D1	
NAME OF THE PARTY		18 CAUSE C	DE DEATH (Enter on	ly ane cause per line				L'ECETTA COL	Tins	2711 W. (	Garrison	APPROXIM	ATE INTERVAL
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MESES.		777	IMMEDIA			NSEQUENCE C		caratovase	arar L	TOCUSC		+	
AZ S S S S S S S S S S S S S S S S S S S		Conditio	ns, if any, which	000,00	NO N COI	TOLO OLIVEL C							
EUASES RASES			se to immediate ) stating the under-		45.4.501	ISSOUTH ISS O	-						
DE SAN A	11.7	lying cas		DUE TO, OR	AS A COP	SEQUENCE C	)F					1000	
DE 4500		8 1 8 7 8 ATUE 8 7	CONTRACTOR CONOCIONA	. (c)									
A B B B B B B B B B B B B B B B B B B B	z	PARI Z UINER SI	IGNIFICANT CUNUITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERMI	NAL OISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).				
- CEANER	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	Ties CONDI	10011401	WILLICH OPER	TIONING	AS PERFORMED?				Ina Auxono	
SEAST STATE	3	IN DAIL OI	OFERATION	178. CONDI	ION FOR	WHICH OFER	ATION W.	AS PERI ORMED!				20. AUTOPS	
50 m 2 m =	ET.	71a EYTEDNI	AL CAUSE WAS	21b. TIME OF	INTITION		121. HC	NA INTRIPLY OCCUPATION	D			YES 🗌	NO X
美麗日報日3	10		G OR			DAY YEAR	ZIE. NC	OW INJURY OCCURRE	D (ENIERNAI	JRE OF INJURY IN ITEM	A 18 PART I OR PAR	12)	
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AAE SI		22a I certi	ify that I taak charg	e of the remains des	crib d obe	ove, held an	Autops	y . Inspection	n	Inquiry X	and in my api	nion	
A SHAPE		death result	red from Natur	ral causes X	Accident	. Sun	cide .	Hamicide .	Undeterm	nined manner	7.		
ARY ARY	10	The Avenue	A Da	9000	1	1. 11	10	TITLE (SPECIFY)		no see a			
CAL EXA PHOULD RAL DIR RE, MAR	100	ACTUAL SIGNATURE	Men	Wa No	nusi	MIN	U.D	D. Assistan	t MEDICA	1 FY AMINER	DATE	9/18	/85
<b>3</b> 年の最後の		2021/100000	700 1254	0	1						3101421		
TO MEDICAL EXECUTE THE PAGE 4 SHOT TO FUNERAL AFTER DEATH BALTIMORE.		EXAMINER'S (TYPE OR PRI	NAME Denr	nis F. Smy	7t91, 1	M.D.		ADDRESS 1	11 Per	in St.		7 75.00	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.BI	JRIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. 1	NAME OF CEN		RCREMATORY	23d. LOC	TION	-0	TV	
BP		Burial	355.45	9/19/85	Ce	edar Hill	Cem		CITY OR I	Arundel C	Co., Md.	) T	STATE
DHMH - 17	24 Ft	JNERAL DIREC	CTOR		100	J-4-XI 11111	Ocille		REC'D. BY RE	GISTRAR 256 RI	EGISTRAR'S SI	GNATURE	
R A15 ME (5))	h	m C Marc	ch F/H, Inc	. West ADDRESS	300 W	abash Ave		SEG	194	95 912	Loundrain	- Prophe on	0
	_		, ,						al val	99 1			





FOR - STATE REGISTRAR

I. DECEASED NAME

MALE

To. BIRTHPLACE I STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Baltimore

Maryland

4 FATHER'S NAME

Maryland

Albert

TYPE OR PRINTS

COUNTRY

13e STATE

CERTIFICATION

MEDICAL

00

MPORTANT

3 SEX

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

Snyder

10

WIDOWED X

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Snyder

5 DATE OF BIRTH

MIDDLE

WHITE

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

St. Agnes Hospital

Baltimore

166 SOCIAL SECURITY NO

76 CITIZEN OF WHAT COUNTRY?

W

Thomas

13b COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

4 RACE

CERTIFICATE OF DEATH

25

MARRIED NEVER MARRIED

YES X

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN N

NO [

Fannie

YEAR

1899

	REG. NO.					
	20 DATE OF DEATH MONTH	DA	Υ	YEAR	2h HOL	JR
	9-1	4-	85	)	7:5	5 R
	6. AGE (IN YEARS LAST BIRTHDAY)			RIYEAR	IF UNDER	24 HRS
	85 YRS	MO	NTHS	DAYS	HOURS	MIN.
	9. BALTIMORE CITY OR COUNT	YO	F DE	ATH		
	Baltimore C	it	У	-11		MD.
	12a USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING	LIFE			F BUSINI	ESS OR
	Plumber		P	lumb	ing	
!	13e STREET ADDRESS / ZIP COL			21	220	
	129 S. Loudon	AV	<u>e.</u>	21	.229	
AA	VE					

OCARCIA	A MO	OF 7	THE C	ЕСИМ	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
INSFOLIENCE OF						
	METAS CINOMA	METASTASES  MISTOLINGE OF  CINOMA OF	METASTASES TOT CINOMA OF THE	METASTASES TO THE LUMBEROUSE OF THE LUMBEROUSE LUMBEROUSE DE LUMBEROUSE	METASTASES TO THE LIVER	METASTASES TO THE LIVER

90 DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20¢ AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

McDonald

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC )

211. LOCATION COUNTY

MIDDLE

Virginia

CITY OR TOWN STATE

220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on.

> DEGREE ATTENDING

77e ADDRESS

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

Michael E. Pelcjor

St. Agnes Hospital

230 BURIAL, CREMATION, REMOVAL Buria]

236 DATE 9/18/85 23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 73d LOCATION Baltimore

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

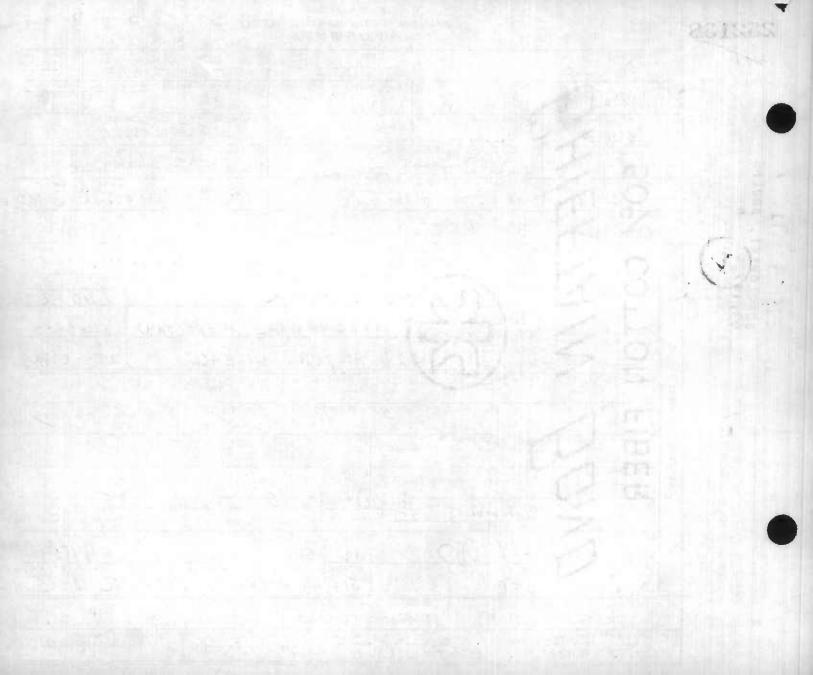
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CFP 1 0 1005 Grand Day Son Fandase

1 765

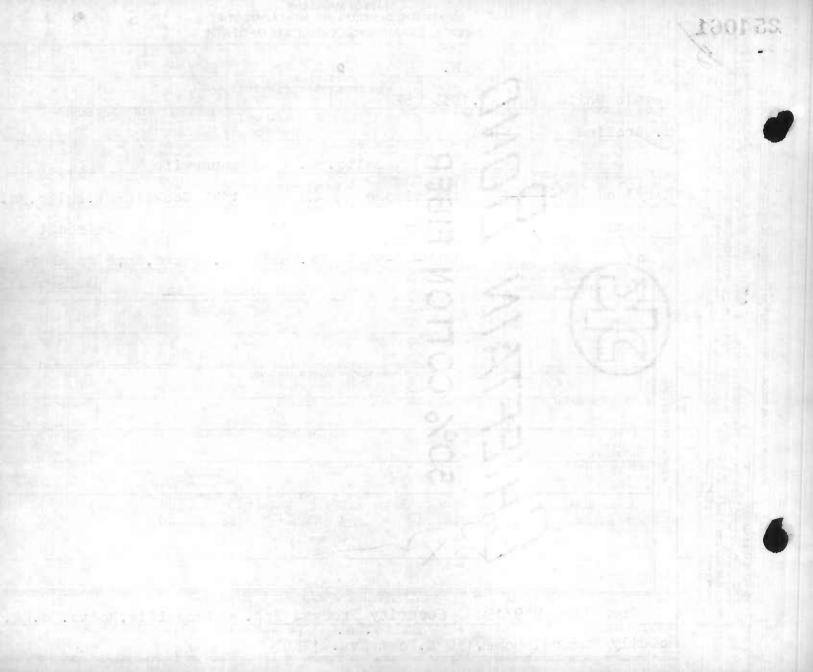
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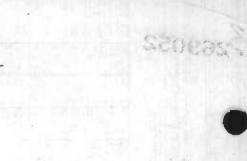
W. past



oca li	tems 18-22a 11/7	85 mtb F#609	STATE OF MARYLAND OF HEALTH AND MEN	TAL HYGIENE:	5 5 6 5
002/	STATE REGISTRAR		MINER'S CERTIFICA	KEG.	
	PECEASED NAME FIRST	WIDDIE	LAST	20 DATE KNOWN OF ESTI-	
E E	CARR1		SOMERS	DEATH MATED	9 5 1985 A
3. S		ar. 13, 1933 52	BIRTHDAY MONTHS DAYS H	UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	9 5 19 85 19 85
W/	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED T NEVER	MARRIED L	OR COUNTY OF DEATH
	.Carolina	USA		oworced   Baltimore	City ME
	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	FOR MOST OF WORKING LIFE)	YPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY
USI	Baltimore	1325 Cooksie St.		Housewife	21230
35 M	aryland 136 COUNT		NN 13d INSIDE CITY	NO □ 1325 Cooks	sie St.Balto.Md
14.	FATHER'S NAME	MIDDLE LAST	FIRST	MAIDEN NAME	LAST
20	John H.	Brown		ila Mae	Jeffcoat
1 160	WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (# YES, GIVE N				
=		250-48		obert R.Somers,	
	PARTIDEATH WAS CALISED	y ane couse per line far (o), (b), and (c BY:	TITCODITATI	ne intoxication	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VAL	IMMEDIAT	( DUE TO, OR AS A CONSEQUE		ascular disease	
OR REMOVA	Canditions, if any, which	DOE TO, OK AS A CONSEQUE	NCE OF		
N N N	gove rise to immediate cause (o) stating the under-	(b) DUE TO, OR AS A CONSEQUE	NCE OF		
URIAL, CREMATION, O	lying cause lost.	DOC TO, OK AS A CONSEGUE	NCE OF		
¥	PART 2 DIHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GO	VEN IN PART 1 in	7.0
Z				chronic obstruct	ive pulmonary
CERTIFICATION	19q. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	D?	20 AUTOPSY?
AEDICAL CERTIFICA		THE REAL PROPERTY.			YES 🛣 NO 🗌
7 8		11b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OF	CCURRED LENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M. 9/5	985 subject i	ngested drugs	
AED	214 INJURY OCCURRED WHILE TO NOT WHILE TO	STREET, FACTORY, FARM, ETC.1	STREET	CITY OR FOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	Home	1325 Cooks	ie Street Baltimo	re City, Md.
	220 I certily that I took charge	e al the remoins described above, held	on Autopsy . In	spection , Inquiry .	ond in my opinion
	death resulted from: Noture	al causes Accident .	Suicide X, Hamicide	Undetermined manner	
2 230	ACTUAL A	((()))	TITLE (SPEC		
-	SIGNATURE V	W X X	MD ASSIS	tant MEDICAL EXAMINER	DATE SIGNED 9-5-85
7	EXAMINER'S NAME Ann I	1. Dixon, M.D.	1	11 Penn St., Balto	o., MD 21201
730	BURIAL, CREMATION, REMOVAL 2		ADDRESS		
.30		/9/1985 Secur		CITY OR TOWN	le, Balto.Co.Md.
	FUNERAL DIRECTOR	Ball	to Md .  250.	DATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
, Mc	Cully Funeral	Home, 130 E.Fo	rt Ave.21230	SEP 9 1985	- we consider the state of the



1	FOR STATE REGISTRAR	DEP ARTMENT OF HI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 6 5
269052	I. DECEASED NAME FIRS	T MIDDLE (A	ST	20 DATE OF DEATH MONTH DAY	Y YEAR 26. HOUR
eo da		arrie Spang	gler	9 19	UNDER I YEAR IF UNDER 24 HRS
4 may for, poi	3. SEX	4 RACE 5. DATE O	DAY YEAR	MO:	NTHS DAYS HOURS MIN
	Female	White 7	16 17	9. BALTIMORE CITY OR COUNTY O	DEDEATH
death. Page	7a. BIRTHPLACE ISTATE OR FOREIGN Ken tucky	USA MARRIET WIDOWE		Baltimore Cit	ty MD.
s ofter de	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROFISES STATEST ADDRESS) 5525 Patrick Henz		120. USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE	126 KIND OF BUSINESS OR INDUSTRY DOMESTIC
ND 2120	USUAL RESIDENCE (IF NURSING H 130_STATE 130_STATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY BALTIMORE	136. INSIDE CITY LIMITS? YES NO 🔯	5525 Patrick He	enry Dr.
MARYLAN ed within	Melson	MIDDLE Craft	15. MOTHER'S MAIDEN NA FIRST Laura	Jane	Webb
BALTIMORE, MA	WAS DECEASED EVER IN U (YES, NO OR UNKNOWN)  IF Y	S. ARMED FORCES? 166. SOCIAL SECURITY NO. 217-38-3048	Carrie J.	Spangler 5525	Patrick Henr Between ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.  A. OR ATTENDING PHYSICIAN: The low requires that the death certifule hospital or attending physicion.  A. DIRECTON, After this certificate has been signed by the attending periode for use as the buriol-transit permit. Then please remove carbon the Dept of Health and Mental Hygene prior to burial, cremation, or real them 21 is marked or them 28 showrpagy injury, or other traumatic events.	PART 2. OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS LIFE EITHER. NOTIFY MEDICAL EX 21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify had (1) (1sh) conv. the deceased of	DUE TO, OR AS A CONSEQUENCE OF    C    C	NOT RELATED TO THE TERM N WAS PERFORMED  21c, HOW INJURY OCCU  21l LOCATION STREET  19  19  10  10  10  10  10  10  10  10	200. AUTOPSY?  YES NO YES  RRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY  STATE
TO HOSPITAL Creating by the TO FLACEAL L should be discovered by the State L should be discovered by the State L IMPORTANT. H	22d PHYSICIAN'S NAME  VI (12	NOTAL LEGISTIC	EMETERY OR CREMATORY	CITA OK LOMM	COUNTY STATE
BP	Burial	9-20-85 Meado	wridge Mem	Pk Baltimore	MD:
DHMH - 16 25M (VR A 15 (4) ) 9/74	24. FUNERAL DIRECTOR F	uneral Home Ave. Ball	atansca 128	P 2 4 1985 Fine Da	udson-handele



108	- STA	TE 9-13-05 D.V	AMEDICAL EVALABLED/C CERTIFICATE OF THE ATU	3 0 1
		SED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 126 HOUR
	TYPE OR	PRINT)	OF ESTI-	
133	SEX.	Minnie		-2 19 85 A
E SE	77		IONIH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN, PRONOUNCED	12:3
5 0	My	see Bld	5/7/4//YRS. DEAD 9	-4 19 85 a. A
701	BIRTH	PLACE ISTANCOF 76.	CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUN	ITY OF DEATH
/	B	relimelet	widowed D Divorced D Baltimore Cit	pd. 1775m
20 10 20 05	CITA	OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 KIND OF BUSINESS )
	В	altimore	1803 W. Lexington Street	Trone
>/ 0S	UAL R		HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	2/2/
2	22	il -	Balting YES NO 1803 W. Lexingto	n street
200	247	FR'S NAME	DOLE LAST IS MOTHER'S MAIDEN NAME ALDERE	441 —
200 6	7/4	red Ho	le stortest da	oll
2 184	Wy	DECEASED EVER IN U.S. ARMED		
1	,	no no	239-12-1006 118751118877	2/2/2/4
' F	V	CAUSE OF DEATH (Enter only on	ne cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED BY	Hymortensive Cardiovascular Disease	BETWEEN ONSET AND DEATH
8		IMMEDIATEC	/ DUE TO, OR AS A CONSEQUENCE OF	
2		Canditions, if any, which		
8		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
Z		lying couse lost.		
	PA	RT 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
3				
	19	DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
4	2			
7 6	21	EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR P	YES NO W
		DERLYING OR	HOUR A.M. MONTH DAY YEAR	
1	~	ONTRIBUTING CAUSE OF DEAT	TH P.M. 19 216 PLACE OF INJURY (ATHOME. 21f LOCATION	
1	W			DUNTY STATE
	A	WORK AT WORK		
		220 I certify that Hoak charge al	the remains described above, held an Autapsy . Inspection XX Inquiry . and in my a	pinian
		eath resulted from Notural co	ouses Will Accident . Suicide . Homicide . Undetermined monner .	TO SECOND
		11.	TITLE (SPECIFY)	
		GNATURE VILLE	M.D. Assistant MEDICAL EXAMINER SIGN	9-4-85
7				
4	EX (T)	AMINER'S NAME Denni:	s F. Smyth, M.D. ADDRESS 111 Penn St., Balto.,	Md. 21201
230	-	AL_CREMATION, REMOVAL 236 D		^
230	(SPEC	2,018	7.85 Mr Zena Cenaling CITY OR TOWNS 4 Of CON	INTY MATE
24	FUNI	ERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
))	NA		m CADDRESS. Switch SEP 9 1085 the Davidson	V7 2 44
	11	1 MANTEN 1	1 1 1 Supply	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be described by the hospital or otherwing objection.	RYLAND 21201	Ann 24 hours offer	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PITAL OR ATTENDING PHYSICIAN. The low requires that the death certifies by the hospital or offending objection.	BALTIMORE, MAI	On bearing	-
DIVISION OF VIT AL RECORDS, 20 PITAL OR ATTENDING PHYSICIAN. The low requires by the hospitol or otherding objection.	II W. PRESTON ST.,	that the death certifie	
DIVISION OF VITAL  PITAL OR ATTENDING PHYSICIAN. The by the hospital or otherwing orbisicial	RECORDS, 20	low requires	
PITAL OR ATTENDING F	SION OF VITAL	PHYSICIAN. The	inding physicion
PITAL OR	DIVIS	ATTENDING	ospital or offe
O HOS		O HOSPITAL OR	etoined by the hi

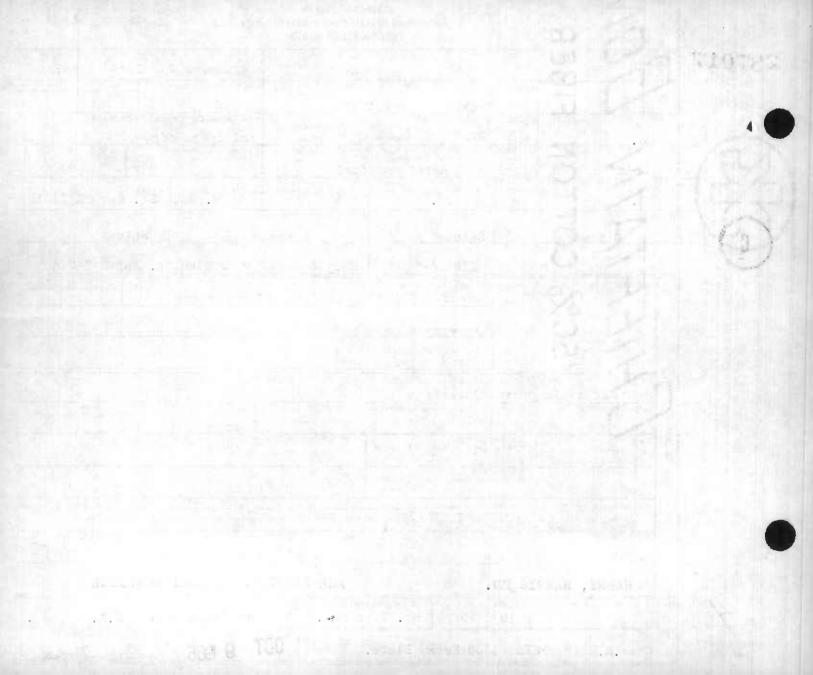
	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME FIRST	MIDDLE	IAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOU
	Jame	es	SPICER	September 28, 1985 8:4.
1 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER
10	Male	Black	8/21/21 YEAR	64 YRS MONTHS DAYS HOURS
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COUNTY OF BEATH
	COUNTRY)	USA	MARKIED THE TERMARKED	
10 C	Md .	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		Baltimore City   12b. KIND OF BUSINE (1YPE OF WORK FOR MOST OF WORKING LIFE)   INDUSTRY
	Baltimore	Maryland Genera.  OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		
	STATE 13b CO			13. STREET ADDRESS / ZIP CODE 11 W. 20th St. Apt 5K 212
14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	
	Clarence	Spicer	Roxan	ina Spicer
	WAS DECEASED EVER IN U.S.	ARMED FORCES?   166 SOCIAL SECT		ADDRESS
	TYES, NO OR UNKNOWN) (IF YES	218-14-5	403 Mary Spicer	11 W.20th St. Rpt5K 21218
	Conditions, if ony, which	DUE TO, OR AS A CONSEOU		
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		sion JENCE OF	
	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (c) Cardiome	sion TENCE OF galy	MINAL DISEASE OR CONDITION GIVEN IN PART 110
NOI	gave rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (c) Cardiome	sion TENCE OF galy	MINAL DISEASE OR CONDITION GIVEN IN PART 110
TIFICATION	gave rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	Due to, or as a consecutive Cardiome to conditions contributing to conephrosclerosis	sion TENCE OF galy	MINAL DISEASE OR CONDITION GIVEN IN PART 110  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES NO
CAL CERTIFICATION	gave rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  Arteriolo	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO COMPANY OF THE CONDITION FOR WHICH DEATH HOUR A.M. MONTH DEATH	Sion  JENCE OF  galy  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  1216 HOW INJURY OCCUR	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  Arteriol  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO COMPANY OF THE CONDITION FOR WHICH DEATH HOUR A.M. MONTH DEATH	SION  JENCE OF  GALY  DEATH BUT NOT RELATED TO THE TER/  H OPERATION WAS PERFORMED  216 HOW INJURY OCCUP  19  216 LOCATION	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES NO
	gave rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  Arteriolo  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMI	DUE TO, OR AS A CONSEQUENCE CARDINATE TO CONSTRUCT TO CONDITIONS CONTRIBUTING TO CONTRIBUTION FOR WHICH DEATH HOUR A.M. MONTH D.M. M	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  PAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET  DEGREE ATTENDING	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NO REPORT NO REPORT (SINGLE OF INJURY IN ITEM 18 PART   OR PART 2)

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

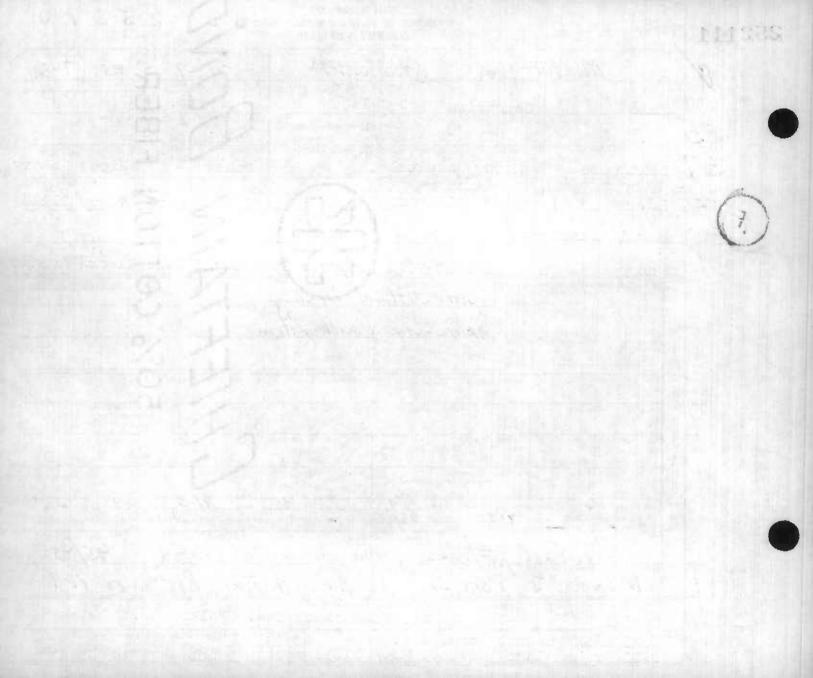
Burial
24 FUNERAL DIRECTOR Chas.A.Rice FSPA 1300 Eutaw Place.

GISTRAR 256, REGISTRAR'S SIGNATURE



		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	25569
\$5.4°008	(TYPE	CEASED NAME FIRST BASY	30 V	Squires	9	9 29 85 9 p M
rector. p	3. SE)	MALE	BlACK	S. Date of Birth	6 AGE (IN YEARS LAST BIRT	YRS DATS HOURS MIN.
deoth. P		COUNTRY)  TY OR TOWN OF DEATH	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	BALTIME	RCOUNTY OF DEATH
38		BATTMORE/	(IE NOT IN SUCH EACHLITY, GIVE STREET  WILLIAM OTHER INSTITUTION, GIVE RESIDENCE BEFOR	address) M	12ª USUAL OCCUPATION OF WORK FOR MOST O	
(c)35	13a S	THER'S NAME	13c CITY OF TOV			ZIP CODE EL VEDERE AVE. 21239
Pages Cond		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b SOCIAL SECTION AND DATES	JRITY NO. 17 INFORMANT	MIDDLE ADDRE	SS SQUIRES
ires that the death certificate be gned by the attending physicion in please remove corbanpapers. busial, cremation, or removal ry, or other traumatic event, the	V	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENT OF THE CONSEQUENCE OF TH	RESPIRATION A	MINAL DISEASE OR CONI	APPROXIMATE INTERVALE BETWEEN ONSET AND DEATH
has been si permit. The permit one sone prior to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: The ng physicio certificate is ariolatronsit ariolatronsit tentral Hygie them 18 sho.	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART   OR PART 2)
DING PHYS or attending After this can be but but only and Medor H	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		CITY OR TO	
TO HOSPITAL OR ATTEND erouned by the hospital of TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Heo With the State Dept. of Heo MPORTANT: If hem 21 is many than 21 i		22a   certify that (I) (this hospit saw the deceased alive an above (II) were did (Idd not 276. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE OF 187.)	Harly		MEDICAL STAF	
BP	- (	URIAL, CREMATION, REMOVAL REMOVAL Removal	23b. DATE 23c 10/3/85	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INERAL DIRECTOR  Anatomy B	oard	Balto., Md. 25% DA	-	25b. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



(VRA 15, 4)

wast see All Market Street Decision (Co. 1889) 1 Sept. 1 Sept. White Decision is a few with the contract of th

STATE OF MARYLAND 254090 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH I. DECEASED NAME TYPE OR PRINTS Myrtle E. Starley September 5.1985 IF UNDER TYEAR Female White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore (itu Balto. WIDOWED M DIVORCED [ 12h KIND OF BUSINESS OR Mary Avenue-21206 Baltimore Home Maker USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS / ZIP CODE 4609 Mary Ave. -21206 13e STATE 1136 COUNTY 1134 INSIDE CITY LIMITS? YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 16b SOCIAL SECURITY NO Mr. Alfred H. Inners - 1605 Jeffers Rd. 21204 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY 4000 E MYOCARDIAS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS CERTIFICATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 27nd certify that services attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHENSICIAN'S NAME THREE CHIPMINS 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

John C. Miller Inc.-6415 Belair Rd.-21206

230 BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION

231. NAME OF CEMETERY OR CREMATORY
Gardens of Faith Cem.

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DIVI	HAAAAE.	ME		NOT WHILE AT WORK	石	STREET, FACT	cella	TC.)		STREET	Swanse	ea Rd	Bal	to.,		21239	STATE
•	DICAL EXAMINER: TE THE CERTIFICATE 4 SHOULD BE FOR VERAL DIRECTOR: DEATH, WITH THE STATE OF THE MARYLAND,		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	Mayo AME M	otural caus		Accident y	Ø. s.	Autor	, Homi	sista	Undere	Inquiry of the control of the contro	nner .	DATE	9-13	-85
07/84	TO ME EXECUTE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	23e.B	URIAL, CREMAT	ON, REMOVA		t.16,1		NAME OF CE Lorrai		RCREMAT	ORY	CITY	CATION PRIOWN Oodlay	m B	al to.	Md.	STATE
25M	DHMH - 17 (VR A15 ME (5))	24 F	Leonar	OR	-						250. DATE		REGISTRAR		Savids	GNATURE	ue.

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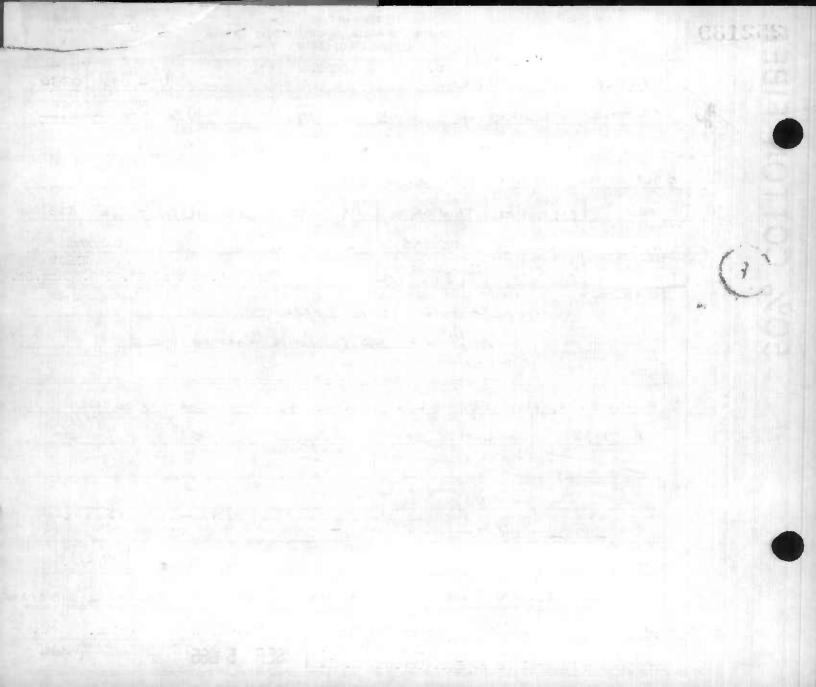
1	FOR
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	•	2	5	5	1	
	DEC	NO		-	-	-	north district

- 1		REGISTRAR			TEATE OF PEATE	REG. NO	D	
- 1		CEASED NAME FIRST	MARY	D.	STEELE	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
- 1		MARY I	STEEL	<u></u>			9/2/85	0330 M
1	3. SE	1. 1.	4 RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRT	1 2 -	
V		FEMALE	61.11/10	MONTI		0	MONTHS DA	HOURS MIN.
1	70 BI	RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT C		19, 1890		5 YRS.	
L		COUNTRY)		MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
1		ennsylvania	USA	WIDOW		BALTIMOR		MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATE		D OF BUSINESS OR
7	B	ALTI MORE		RK HEALTH	SYSTEM	Homemaker		Home
10	OSU.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIL	DENCE BEFORE ADMISSION)		1		
2	130. 3	MD RA	1	Y OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		21204
4	Sa FA	THER'S NAME	TIMORE TO	1M2014	15. MOTHER'S MAIDEN NA	GIS CITE	STNUT AVE	21204
31	7	FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAST
4				Unknown	N 225 1,125-5			known
2		VAS DECEASED EVER IN U.S. AF		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	21201
4	N		127	-16-3482 7 163482	David Mock-	-1st Nat.Ban	k of Md.25	S. Chas.St.
1		18 CAUSE OF DEATH (Enter of					APPI	ROXIMATE INTERVAL
П	R	PART I. DEATH WAS CAUSE	ED BY:				BETWE	EN ONSET AND DEATH
П		IMMEDIA	TE CAUSE 10)CAR	DICKES PIKE	TURY ARRES	2 4		
- 1			DUE TO, OR AS A C	ONSEQUENCE OF				
1		Canditions, if any, which	( (b) PNEU	MONIA A	WID CONGESTIVE	E HEART FAI	LUIZE	
- 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF				
-1		underlying couse lost	DOE TO, OR AS A C	ONSEGUENCE OF				
П		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	TINIC TO DEATH BUT	NOT BELLIED TO THE TER	ANALDISEASE OR COM	217.02.4.00.45.4.04.04.04	
- 1	NO							
-		FUNGICEMIA,	METASTATIC		CARCINOMA,	CORONARY A		
1	3CA	1 1	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
	Ħ	8/19/85	OBSTRUCTI	NG LEFT O	COLON TUMER	YES NO	YES 🗌	NO 🗍
	8	210. ACCIDENT WAS UNDERLYING		Y ONTH DAY YE'AR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART	2)
/ 1	苯	OR CONTRIBUTING CAUSE OF DE	PATTY	19				
41	MEDIC	71d INJURY OCCURRED	21e PLACE OF INJU		ZIE LOCATION			
-1	Æ	WHILE D MANNETTE D	(AT HOME STREET, FACTO	ORY OFFICE, FARM ETC )	STREET	CITY OR TO	wn County	STATE
П		AT WORK AT WORK	4					
н	10	220. I certify that 10% (this hosp	01-	sed from	6 19 85	, to 9/2	19 85	_, that 🐞 (we) last
. 1		saw the deceased alive or abave, (1) (===) (did) (did)	t view the body ofter de	19	nd that in (🦐) (aur) apinian	death occurred an the do	ite and hour and from t	the couses stated
1		226. SIGNATURE	at the spay after ac		DEGREE			ATE SIGNED
d		+112 March	<b>\</b>		ATTENDING	MEDICAL STAF	9	12/85
$\mathcal{H}$		THE PHYSICIAN'S NAME (TYPE	DO POINT)		PHYSICIAN [	DIRECTOR PHYSIC	IAN	1 1
/		A					^	
		FETER WA	TLICK N	1 17-	2301 MAWAN	PARK DRIVE	, BALTIMO	2E.MD 2121
		SURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		urial	9-4-85	Lorrain	e Park	Woodlawn	Balto	o. Md.
	_	JNERAL DIRECTOR		1050 3		TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	
	Б	NAME	wal Hama T	ADDRESS		EP 5 1985	11 - me whiteles	Maskriet
	K	uck Towson Fund	stal Home, 1	nc. Towsor	1,110.21204			

DHMH - 16 60M 7/84 (VRA 15, 4)



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	1 DE	CEASED NAME FIRST	MIDDLE	(AST	REG. N	O. MONTH DAY YEAR	2b HOUR
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o de o de o	3. SE:	VICTOR	111 D .	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	-	IF UNDER 24 H
offer. p	3. SE.	1.m016	ANIA	MONTH DAY YEAR	110	MONTHS DATS	HOURS M
90 Pr	1	ZIIIACC	76 CITIZEN OF WHAT COUNTRY?	101-21-38	5 7 /	OR COUNTY OF DEATH	
10 20		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED		_	
9 J. J.	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Baltimon		F BUSINESS
by the	4	ALTO	2617 FORKY	ADDRESS)	(TYPE OF WORK FOR MOST		/ BOSINESS
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	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	URITY NO 17_INFORMANT	ADDR		4201
oge ond			WAR OR DATES)	PATRICI	A 2615	FREKNIA	1
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hysin pop pop pop avo		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), an		0.000		
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e de ori		Conditions, if any, which gove rise to immediate	(b)				
se re crei		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF			
pleo priori		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CON	IDITION GIVEN IN PART 1	3.
significant signif	Z						
0 5	Ĭ.		THE COMPTION FOR WHICH	OPERATION WAS PERFORMED	To the second	Y	
orio orio		198 DATE OF OPERATION	148 CONDITION FOR WHICE	TOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN	NGS USED
hos been permit.	E	190 DATE OF OPERATION	196 CONDITION FOR WHICE	TOPERATION WAS FERFORMED		IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
cion.	CERTIFIC	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OC		IN CERTIFYING CAUSES YES	OF DEATH?
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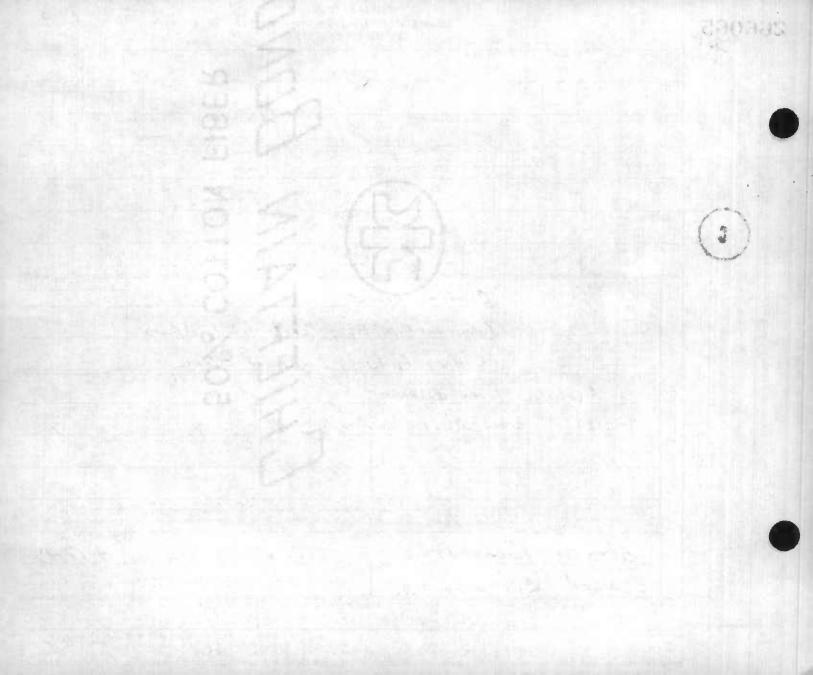
6065	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 2 S	5 5 7 6
11,		CEASED NAME FIRST	WIDOLE	1	AST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
tor page 3 ofter deoth	(137)	OSCA	AR W		STEVENS	9 17	7 85 6:00n M
od e	3 SE		4 RACE	5 DATE O	OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
director rours of		male	black	MONTH 9	9 1920	65 YRS	ONTHS DAYS HOURS MIN.
	7a B	RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY	8		9 BALTIMORE CITY OR COUNTY C	F DEATH
To The		Md	11 S A	WIDOWE	D NEVER MARRIED X	BALTIMORE CITY	MD
or for	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
To To		BALTIMORE	VETERANS ADMINI	STRAT	TON MEDICAL CE	TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
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(116 1)	00	John	Steve	ns	Nan	MIDOLE	Cutler
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by the offendings remaye corb, crematian, or of other froumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Hepat	litis, Perito	onitis, ARDS	
plea		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONDITION GIVEN	I SALDADT 1.
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mit been	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY? 20b IF YES, V	WERE FINDINGS USED
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ysicio	HE HE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR		
ph ph	A	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	1000		
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or Se o		22a 1 certify that (this haspit	oi) attended the deceased from	SEPTEN	IBER 7 19 85	to SEPTEMBER 17. 19	OF that W (we) lost
prtol for u		saw the deceased alive an abave, (Viwe) (did) (did)	SEPTEMBER 17 19	85 or	nd that in Xny) (aur) apinion o	teath occurred on the date and hour o	and from the causes stated
hos hed ept tem		226 SIGNATURE	0 0		DEGREE		22c. DATE SIGNED
AL DAL Deto	100	Caward	Yuchman		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-18-85
ro FunEra should be de with the Stot		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS		
should be with the S		Edward	Richman M			Raven Blvd 21218	
5 - 4 > 7	23e. 6	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

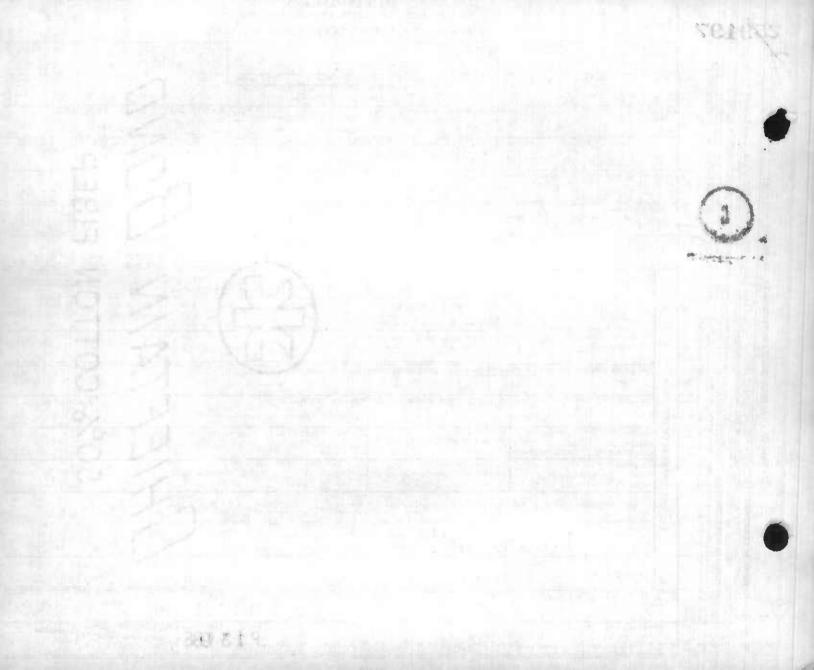
24 FUNERAL DIRECTOR

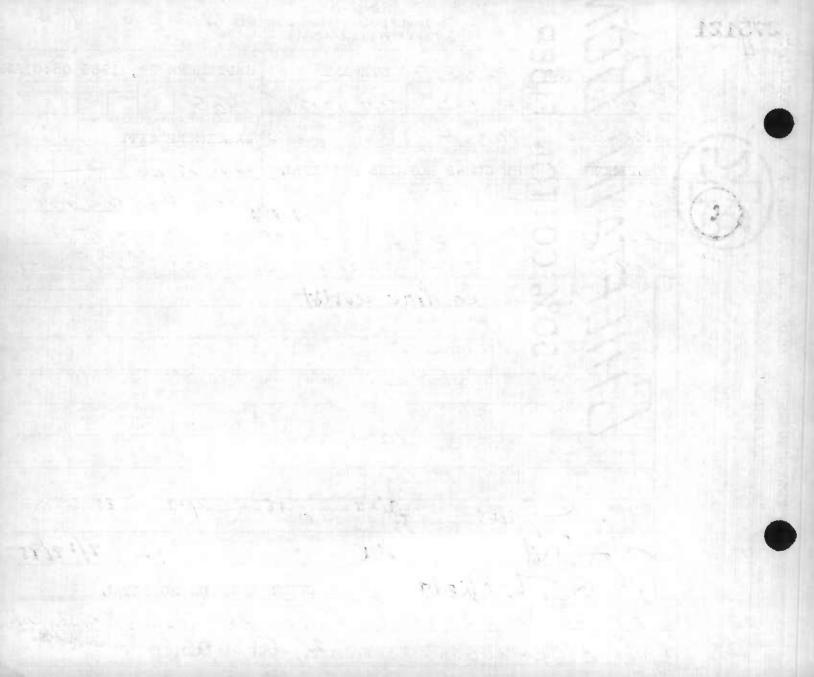
William C. March F/H 4300 Wabash Avenue

Garrison Forest Vet 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGN TUR



//	13	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5 5 /										
259197	11-	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											į.	4
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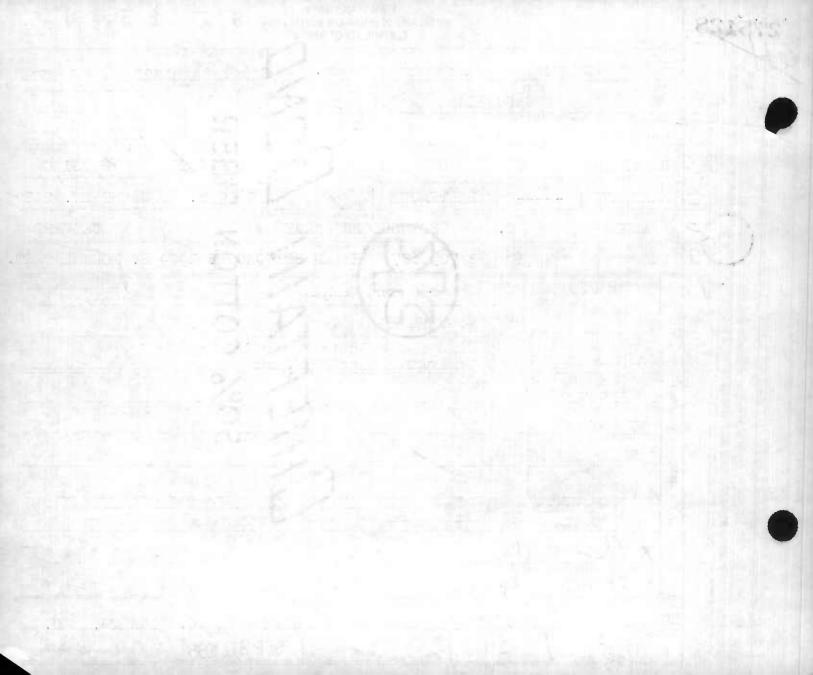




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STATE OF MARYLAND

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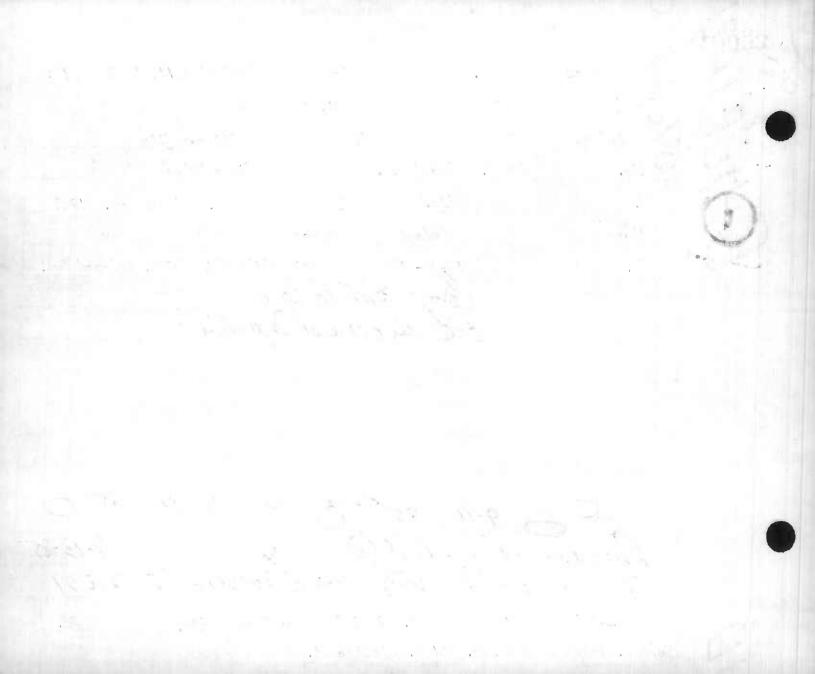


John M. Weber & Sons Inc. 409 ess. Chester St.

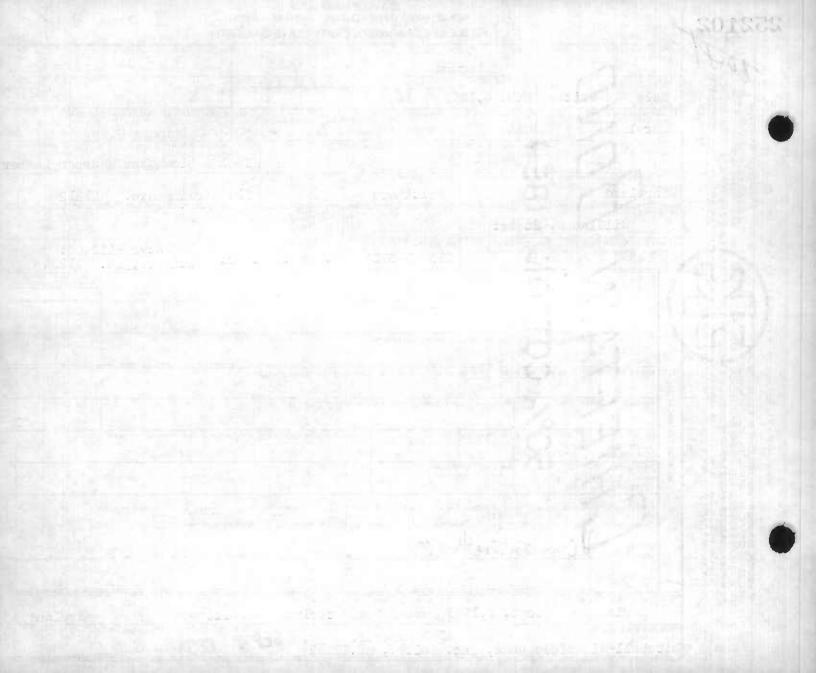
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DHMH - 16 50M 4/83

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 252102 1- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Elmer Bruce 2 19 85 Stuart S DATE OF BIRTH 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 4:15P Male White Feb. 4,1899 86 DEAD 1985 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Mary land MARRIED NEVER MARRIED **IISA** DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Tool & Die Maker Baltimore Warner-Lamber 514 Cording Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE (ITY LIMITS? | 13c STREET ADDRESS | YES X NO | 514 Cording Ave. Maryland 113b. COUNTY Baltimore 21212 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST William H. Stuart 8920 Satyr Hill Rd. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO. OR UNKNOWN) 215-07-3124 E. Bruce Stuart Baltimore, Md. 21234 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE Inquiry X 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Natural causes X Accident \_\_\_ Homicide Undetermined manner TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAS TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 9/3/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Sept. 6,1985 Govans Presbyterian Baltimore Maryland 07/B4 BP 250. DATE BEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. **DHMH** - 17 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VR A15 ME (5)) - workeydans



FOR STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

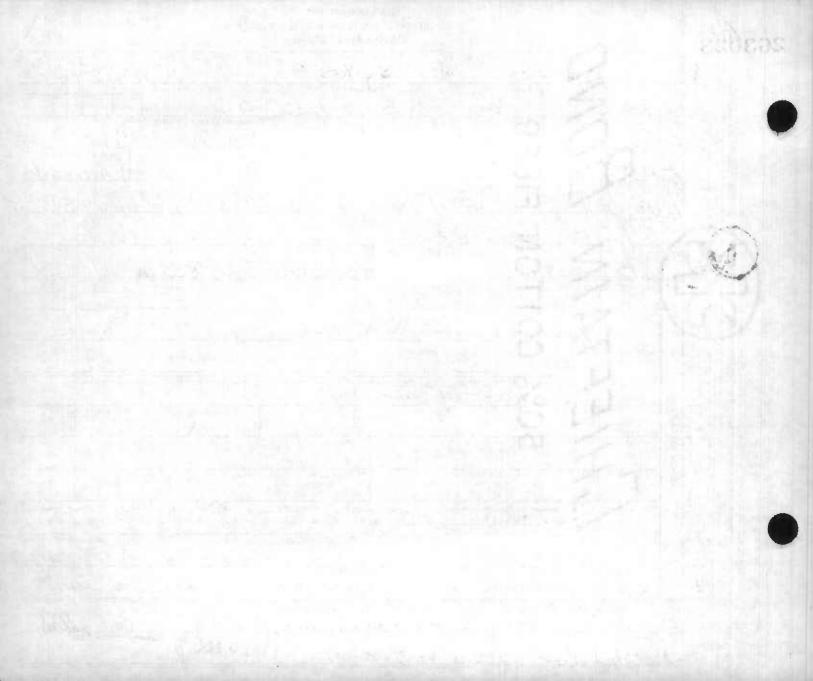
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

		REGISTRAR					REG, NO	O		
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1	2	Maryland	U.S.A.	WIDOWE		ORCED [	Baltin	nore	City	MD.
1 11	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTI	TUTION	120 USUAL OCCUPATE			OF BUSINESS OR
FG.	I/	Maryland	St. Agne	s Hosp	ital		Secreta		U.S	
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5	No		212-	32-040	Mr.	Charle	es E. Sum	walt		
161		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line formal, (b	i, and (ci.)		_			BETWEE	NUMBET AND DEATH
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	230 8	URIAL, CREMATION, REMOVAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	STATE
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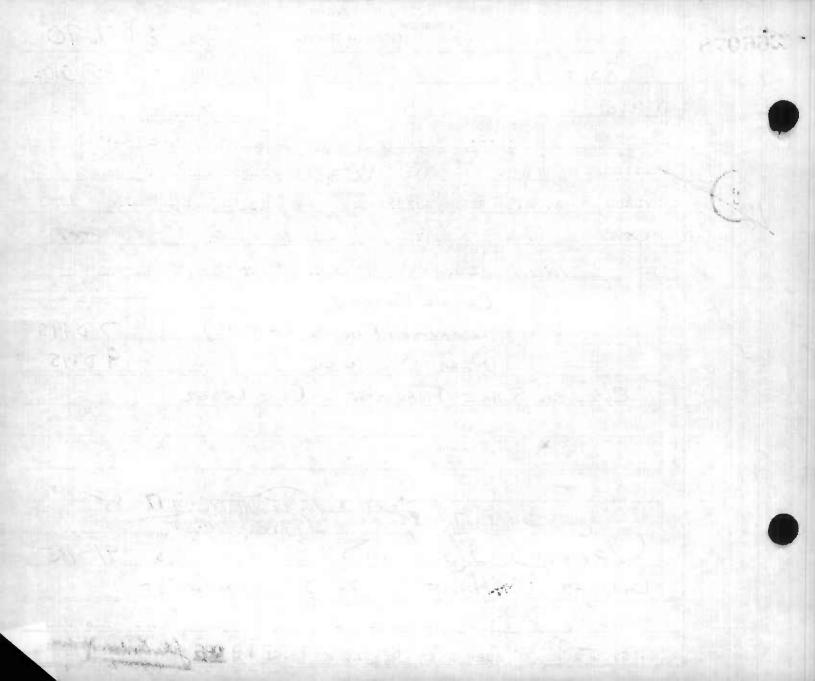
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266078	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 REG. NO. 87 56 70								
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2 75	Clinic.	RANDAL	L. EARL	5	ZEKELY	SEPTEMBER 17 85 540Am					
1 25	1. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
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TRNDIN TOR At No 144 of Health		220   certify that (1) (this hospit saw the deceosed alive on obove (1) (we fidid ) (did not	ol) attended the deceased from.	5 E F	nd that in implication	dogth up no mark good h	that (I) (we) last and from the causes stated				
the house of Digital		The Charles	S)	PPROVED BY MEDICAL EXAMINATION MEDICAL STAFF  DIRECTOR PHYSICIAN D.	220 DATE SIGNED						
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BP	(5	BURIAL \	SEPTEMBER		ILL CEMETERY	BROOKLYN A.	A. MARYLAND				
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR NAME NGLETON FUNE	RAL HOME GLEN	BURN	IIE. MD SE	P 1 9 1086	ISTRAR'S SIGNATURE				



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MD. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE 7, 2, AND 31 OTHE FUNERED INECTOR. 3, 2, PETANI DAGE 6, EDD YOLD BELIEVE	W W		ITY OR TOWN	OF DEATH	11. NA			SING HOME	OR OTH	ER INSTITUT	TION	12e USUAL C			OF WORK 12b	OR INDUS	
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MD.	TAN O	14. F.	ATHER'S NAME		MIDDLI	E		LAST		15. MOTHE	R'S MAIDE	NNAME	MIDD			LAST	
MORE, MD. 21201 FREDEATH, IF ANY PAGES 1, 2, AND COMM, DAY 3 DETA	- 65				KNOWN									UNKNO			
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DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE EXER RITING THE WORD "PERDING	ALTH CRE	NO.															
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TO ME EXECU	5548 -	23a.B	URIAL, CREMAT		235 DAT	E	23c. N	IAME OF CEN			RY	23d. LOCAT	ION		COUNTY		STATE
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(VR A1	5 ME (5))	ED	WARD N.	RRINSF	IELD,	, JR.,	LEON	ARDTOW	N, MI	).	While is	下 不 预	2	Fulia D	avidson	-Manda	مانا

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

TH	DAY YEA	R 2b HOUR
0	1985	- 60M
()	IF LINDER 1 V	FAR IF UNDER 24 HRS

	CEASED NAME PRIT		=IDDLE	Tal	1 1		20. DATE OF DEA			YEAR	2b HOUR
	Koose						Sept			82	6 PW
0.56	MALE	4 RACE		MONTH MAY	DAY	1909	6 AGE (IN YEARS )	/	YRS PUR	HS DATS	HOURS MIN.
1000	RAINIA	76 CITIZEN OF	Al James	MARRIED		MARRIED	9 BALTIMORE C	_	CITY	DEATH	MD
10 0	Boc 1 fo.	LUTY	HOSPITAL, NURSING F CHFACILITY, GIVE STREET ADDI CRAW	RESS)	OTHER IN	MOITUTITE	17a USUAL OCC (TYPE OF WORK FOR		RKING LIFE) I	26 KINDIO NDUSTRY	OF BUSINESS OR
13e.	AL RESIDENCE (IF NURSING HOME O		BALTO		YES 🗇	CITY LIMITS?	13e STREET ADDI			9ND	5721
6	Benjamin	w/pour	Tabb	200	15. MOTHER	MAIDENNA/	MIC	DDtE	Tro	Wes	51/
	WAS DECEMBED EVER IN U.S. AL	MED FORCES?	218 0330		Juli Juli	a Tal	66	801	Du	Kel	and ST
	Conditions, if any, which gave rise to immediate cause of stating the underlying cause lost	DUE TO, O	R AS A CONSEQUENCE	E OF NE	unc	0~14					MATE INTERVAL
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEA	TH BUT N	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITIC	ON GIVEN I	N PART 11	0
CERTIFICATION	NAL DIATE OF OPERATION	19b. COND	ITION FOR WHICH OP	ERATION	I WAS PERF	ORMED	20a AUTOPSY YES NO	_ IN	IF YES, WI CERTIFYING YES	G CAUSES	NGS USED OF DEATH? NO
CAL CER	THE ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF THE OR ETHER HOTHER ARDICAL TRANSMIT	HOUR A	OF INJURY M. MONTH DAY M.	YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER NATURE	DE INJURY IN I	TEM 18 PART I	OR PART 2)	
MEDI	#### OCCURRED  ##### OCCURRED  ##################################		OF INJURY REET FACTORY, OFFICE, FARM	ETC )	211 LOCAT STRE		CIT	Y OR TOWN		COUNTY	STATE
	22a I certify that (I) (this hasp above, (I) (we) (did) (did n		19		d that in (m)	) (aur) apinian (	, to death occurred on	the date o		d from the	
	276 SIGNATURE	Oin	5	D	EGREE		MEDICAL DIRECTOR P	STAFF		22c. DATE	SIGNED 26/88
	LEDU		c. cut	to	22e ADDRE	UTIFE	RAN	140	SP1.	TAL	
23u. !	BURIAL CREMATION, REMOVA	23b DATE	23c NAA	AE OF CE	METERY OF	CREMATORY	234 105 ATIO	V,	al		1.7

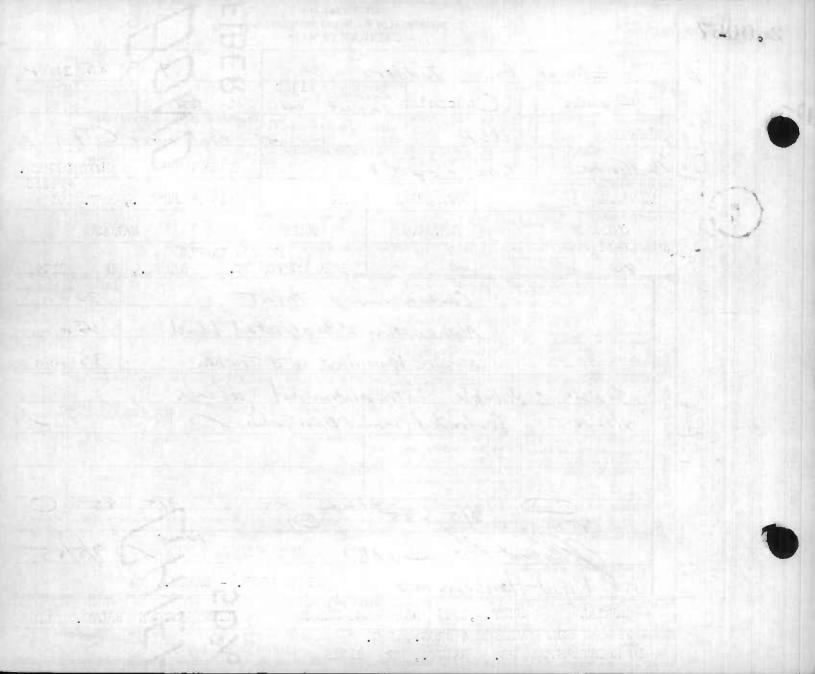
DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
OCT 3 1985 Julia Davidson-Ra

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	25	23
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law impaires that the death certificate be executed within 24 hours ofter death. Flage a retoined by the hospital as otherwising physician.	
	D.D.	

277651	1-STATE 10-7-85 D.W. DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 2 5 9 2  CERTIFICATE OF DEATH  REGISTRAR  REG. NO.
8:11	1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR 1/4 ROBERT 1 OF DEATH MONTH DAY YEAR 120. HOUR MANAGE PRINT)
45	3. SEX  A RACE  BIACK  S DATE OF BIRTH  MONTH  DAY  YEAR  18 HOURS MIN.  19 BALTIMORE CITY OR COUNTY OF DEATH
11/34	MARRIED NEVER MARRIED DIVORCED
38	Backer Univ. And Hose USUAL RESIDENCE LE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
TLAND 3	130 STREET ADDRESS / ZIP CODE 131 FATHER'S NAME 130 STREET ADDRESS / ZIP CODE 2011 WE BROOK AVE 21217 14 FATHER'S NAME
See MAN	The was decade ever in u.s. armed forces? Idb Social Security No. 17 INFORMANY  ADDRESS  ADDRESS  ADDRESS  ADDRESS
NY ST., BALTIM	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OU PO OR AS ACONSEQUENCE OF
on W. PRESTO a that the deal of by the atten- blease remains or other traum or other traum	Conditions, it ony, which gave rise to immediate cause (a), stating the underlying cause last  Output  Due To, OR AS A CONSEQUENCE OF  (c)
ALRECORDS:	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PORTUPING AUTOPSY?  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 DATE OF OPERATIO
VISION OF VI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER NOTIFY MEDICAL EXAMINER]  210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  212. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  214. HOUR A.M. MONTH DAY YEAR P.M. 19  215. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)
Of ATENDA se heightel to DRECTOR A Copte of Hostin	220.1 certify that (I) (this haspital) attended the deceased from SDD 19 5, to SDD 19 5 that (I) (we) lost saw the deceased alive an above, (I) (we) (did) (did nat) view the body after death.  220. SIGNATURE  220. DAYE SIGNED  AN ATTENDING MEDICAL STAFF
TO HOSPITAL retoined by the TO FUNERAL should be der with the Store MPORTANT:	22d PHYSICIAN SNAME (IVE OR PRINT) Norman Hers hkow, tz 22d ADDRESS
ВР	236 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY OR CREMATORY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY AND STATE 23c. PARE OF CEMETERY 23d LOCATION COUNTY A
DHMH - 16 60M 7/84 (VRA 15, 4)	EL Phillips 1781-27 N. Monkor OCT 1985

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- STATE

REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS

DECEASED NAME (TYPE OR PRINT) 1 SEX 4 RACE 5. DATE OF BIRTH YEAR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Ta BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY 4.5.A. Ballimne Cili DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION MI IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Decours 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 6214 Eldridge Rd. 21061 YES [] NO EATHER'S NAME 15 MOTHER'S MAIDEN NAME

West-brook MA SOCIAL SECURITY NO. 17 INFORMANT 166 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 270-14-0756 Elder James Tallie 6210 Eldride Rd? 21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DOCI N

Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause lost. cardiopu

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

PREVIOU 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO I YES [

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

CITY OR TOWN

AT WORK 220 I certify that (1) (this haspital) attended the deceased from, 15 sow the deceased alive on. and that in (my) (Air) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death

STREET

22h SIGNIATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR | PHYSICIAN | 22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23d LOCATION

21277

23a BURIAL, CREMATION, REMOVAL 23: NAME OF CEMETERY OR CREMATORY Burial 9/21/85 Cedar Hill Cem.

Brooklyn A.A.

Md

STATE

24 FUNERAL DIRECTOR Chas.A.Rice FSPA 1300 Eutaw Place

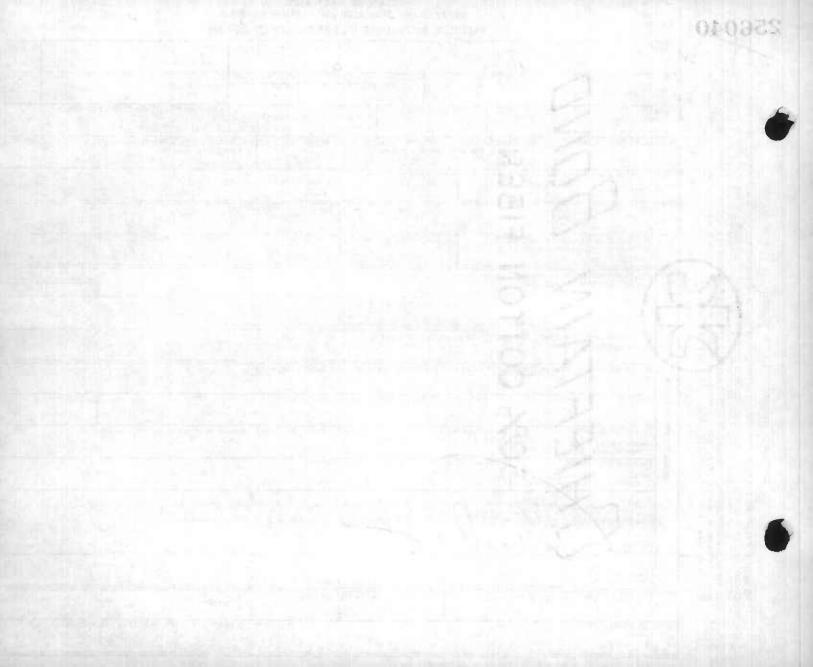
25a. DATE REC'D. BY REGISTRAR

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

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					MO	NTH DAY	YEAR	LAST BIRTHD	AY) MONTH		HOURS N		RONOUP	NCED	M				2d. HOUR 9: 05.E
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v	722 × 1		Italy			U.S			WIDOW	ED 🗆	DIVORCED			timo					MD
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	A SHADO	B	altimor	e :e				Street	t		The said		ema					f-E	
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	G. L. B.	-	PART 2 OTHER S	IGNIFICANT CONDI	TIONS CONTRI	(c)													
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	¥#B¥E		SIGNATURE	- 11	NO	Mary	· W	0	M.	Actin	g Chie	extenic	AL EXAM	AINER		DATE SIGNED.		9/8/	85
	NE S A S S S S S S S S S S S S S S S S S	-	EXAMINER'S	NAME	CTI CTI														
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE DEATH, WITH THE STATE BALTMORE, MARYLAND, 2120		(TYPE OR PRI	NT)		homas [								Balte	o.MI	).			
	EDSEAS.	23a.B	SPEC(FY)	TION, REMOV						RCREMATOR		23d. LOC	ATION			COUNTY	Y	STA	TÉ
07/84 25M	BP		Buria		Sep.	t 11 '	85 C	rowns	vill	e St.				An	ne	Aru	und	el	Md.
23111	DHMH - 17	24 F	NAME			ADDRESS		2	1231	25	o. DATE REC	C'D. BY R	EGISTRA	AR 256 RE	GISTR	AR'S SIC	SNATU	RE mela Ru	
	(VR A15 ME (5))	11	111 V &	7pil	er ·	Inc 1	901	Facto			The last	1 U	1900	1000	L Tallet	1	a-him	ndelle	

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

7	1	REGISTRAR							REG. NO.				
		OR PRINT)	FIRST	MIDDLE		LAST		20. DATE OF DE	ATH MONI	H DA	Y YEAR	2b. HOUR	
	(IAME	OR PRINT)	MARK	Α.		TATE		SEPT.	21.19	85		10:00A	М
	3. SEX	X	4. RACE			OF BIRTH		6. AGE IN YEARS		IF	FUNDER I YEAR	IF UNDER 24 HRS	
S		Male		lack	nonti		60	24		YRS MC	ONTHS DAYS	HOURS MIN	
1		RTHPLACE (STATE OR FO	DREIGHT 76 CITIZEN	OF WHAT COUNTRY	? 8	D NEVERA	AARRIED IX	9 BALTIMORE	CITY OR CO	UNTY	OF DEATH		
		Maryland	U. S	5.A.	WIDOWI		ORCED	BALTI	MORE C	YTT		м	D
		TY OR TOWN OF DEA	H NAME	OF HOSPITAL, NURS		OR OTHER INST	ITUTION	120 USUAL OC	CUPATION			F BUSINESS OF	-
5		BALTIMORE	JOHN	S HOPKINS	HOSPI	TAL		(TYPE OF WORK FO	R MOST OF WORK	(ING LIFE)	INDUSTRY		
C		AL RESIDENCE (IF NURSE	G DOME OF OTHER INSTITU	TION, GIVE RESIDENCE BEFO		113d INSIDE C	ITY LIMITS?	13e STREET ADD	DRESS / 7IP	CODE			
5	Ма	rvland	P.G.	Baltin		YES X	NOT	121 E.			Lane	21222	
, å	-	THER'S NAME				IS. MOTHER'S	MAIDEN NAM						_
7		Don	J.	Tate		Ann	FIRST	N	IDDLE	Mac	Cormic	-L	
-	I fin V	VAS DECEASED EVER II			LIRITY NO	17 INFORMA			ADDRESS	Picc	OTHIT	-1/	_
7	{ Y	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	(5)				404 -			1-4-3		
	N	10		212-60	-492.	Annı Annı	e Tate	121 E	ast (	her			
	2.	18 CAUSE OF DEATH PART I, DEATH WA		per line far (a), (b), a	nd is						BETWEEN	MATE INTERVAL ONSET AND DEATH	
	W.	IMMEDIATE CAUSE (0) Respiratory dures									81	limites	
Ŧ	833		DUF TO	O, OR AS CONSÃO	JENCE OF								
		Conditions, if any,		Puls	noneu	E	lema				112	Horus	
			over ise to immediate luse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause	last.	A A	55						13733		
		PART 2 OTHER SIGN	FICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE O	R CONDITIO	N GIVE	N IN PART 1	3	=
	NO	P.L.	Austra Ilen	D. cai	· H	ILLIAN E	and a	tio AF	BIMA	7	CHU		
	ATI	190 DATE OF OPERAT	ON 195 CC	NDITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20d AUTOPS	Y? 20b.	IF YES,	WERE FINDIN	IGS USED	-
	FIC							YES N	OU IN		ING CAUSES		
	CERTIFICATION	71a ACCIDENT WAS UNDE	RIVING [] 216 TIA	AE OF INJURY		121r HOW IN	ILIPY OCCUPE			YES		ио 🗆	_
1		OR CONTRIBUTING C	LIGHT		OF INJURY  A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURI					LM TO FAM	(I I OKPAKI 2)		
	CA	HE EITHER NOTIFY MEDIC		P.M.	19								
	MEDICAL	21d INJURY OCCURRI	TALMON	ACE OF INJURY	FARM ETC 1	211 LOCATIC	N	C	TY OR TOWN		COUNTY	STATE	
6	<	AT WORK AT WORK	.E						+ -				
	11	22a 1 certify that (1) (	this haspital) attende	d the deceased from	AUG	26_	. 19 85	to	NU	. 19	85	that (I) (we) las	i t
	730	saw the deceased	d alive ond) (did not) view the b	24 19	1985	nd that in (my)	(our) opinian d	death accurred on the date and haur			and from the	causes stated	
		22b. SIGNATURE	and a non view wie o	ady after death.		DEGREE					22c DATE	SIGNED	-
	1.4	D	and E	2. 13rn	n		TTENDING	MEDICAL	STAFF	A	9/2	4/85	
	1	27d PHYSICIAN'S NA	ME LTYPE OR PRINTS			22e ADDRES		DIRECTOR	PHYSICIAN	_	1,,,	200	_
	-		D. Alver	3000	(AV	TOHE		CINS HO	SPITAL	C	ALTI	WORE +	11

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL CREMATION

24 FUNERAL DIRECTOR

23b. DATE 9/24/85

23c NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

23d LOCATION
CITY OF TOWN
Baltimore,

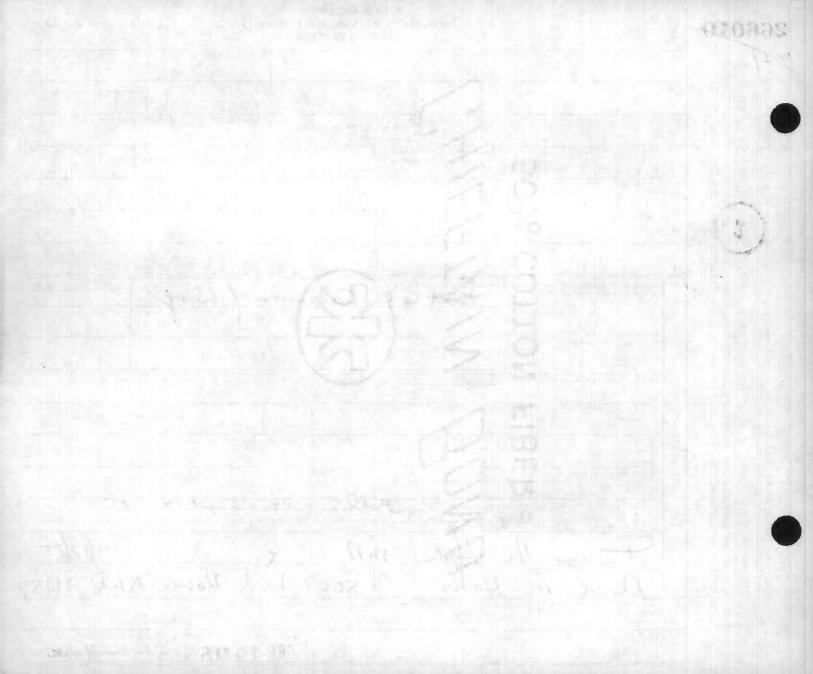
STATE Md.

25 1985 Juha waydoon fondale Wm C March F/H Inc. 1101 E North Avenue

21216

DIVISION OF VITAL RECORDS

(VRA 15, 4)



014 1 - FOR STATE REGISTRA	A.R	DEPARTM	ENT OF HEA	F MARYLAND LITH AND MENTAL ATE OF DEATH		5 2 REG. NO.	5	5	9 /
1. DECEASED NA		MIDDLE A.	LAST	1. 2	20. DATE C	F DEATH MONTH	DAY	YEAR	26 HOUR
4 DUSK			194	16 r	1 ACE	YEARS LAST BIRTHDAY)	al.	85	10 AM
3 SEX Tema	1. RACE   3.	a L	S. DATE OF E	DAY YEAR			MON1H	DAYS	HOURS MIN.
BIRTHPLACE COUNTRY	(STATE OR FOREIGN 76 CITI	ZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIM	DRE CITY OR CO	UNTY OF D	EATH	
Mary!	land	U.S.A.	WIDOWED			TIMORE	CITY.		MD.
BALTI	N OF DEATH 11. NA	ME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A DRTH CHARLE	DDRESS)		120 USUAL	OCCUPATION RK FOR MOST OF WORK	121		F BUSINESS OR
	CE (IF NURSING HOME OR OTHER IN		ADMISSION)	Id INSIDECITY LIMI YES [X NO [	TS? 13e STREET	ADDRESS / ZIP	code		21225 East
II FATHER'S NA		LAST	15	MOTHER'S MAIDE	NAME				
Jame		Russell		Rosett	ta	WIDDLE	Rus	ssel	1
	SED EVER IN U.S. ARMED FO		RITY NO. 17	INFORMANT		ADDRESS		111	East
Unknow!	(IF YES, GIVE WAR OR	217-34-	7502	William	Anders	on 3012	La F	Rue	Square
18 CAUSI PART I	OF DEATH (Enter only one of DEATH WAS CAUSED BY IMMEDIATE CAUS	ouse per line for (a), (b), and E (a) [ARDIAC ]	27EST					APPROXI BETWEEN	IMATÉ INTERVAL ONSET AND DE ATH
	is, if any, which	(b) PRAS A CONSEQUE		-Arenoin					
couse (	g couse lost.	ETO, OR AS A CONSEQUE	NCE OF						

	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  (b) Yarkan AC In FARCETON  DUE TO, OR AS A CONSEQUENCE OF											
TIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NEW DE PLE Malismant Synchome.											
	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO							
CAL CERT	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURREN	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)							
MEDIC	21d IN JURY OCCURRED  WHILE NOT WHILE AL WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE						
1	220 I certify that (1) (this hospital) saw the deceased alive an above, (1) (well aid) (did not) vi	9-61 1083	od that in (my (our) opinion de	oth occurred on the do		not (I) we ost ouses stated						

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shows

23h DATE 9/26/85 230 BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

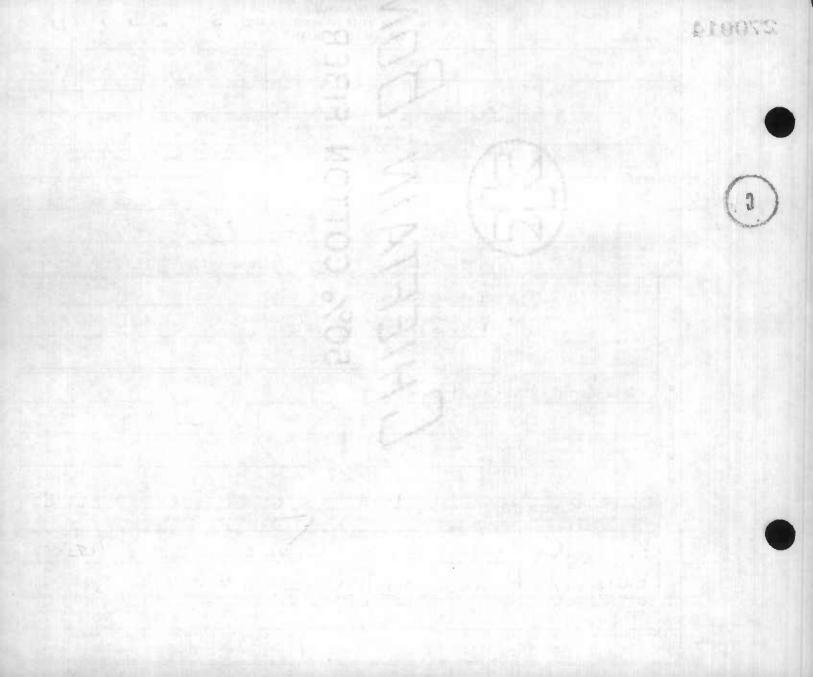
23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

234 NAME OF CEMETERY OR CREMATORY 234 LOCATION
Cedar Hill Cemetery Anne Arunde Punico, Md.

C March F/H Inc. 1101 E North Ave

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

I DECEASED NAME

REGISTRAR

- STATE

277040

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

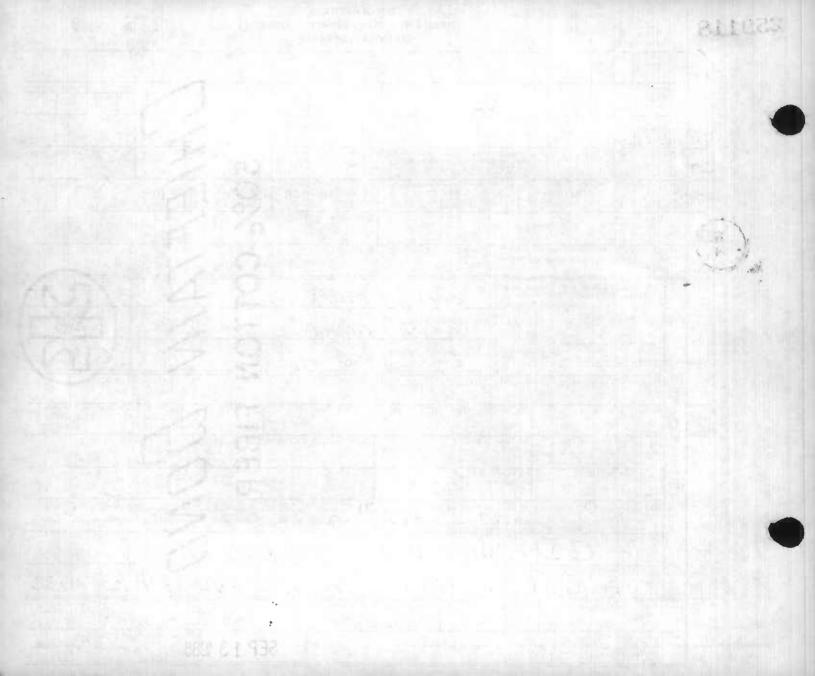
CERTIFICATE OF DEATH

REG. NO.

MONTH

2n DATE OF DEATH

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高 3 x x x X	100 407	A same		
75	01 17 10			
Briefmanne Chev		21.51.85	A.C.	
Tracken Buildele	JE BAK	I to be thought	Balelmone	
Part Hawaye Some & N	1 310	15061	7	
	Medale	Tarie	First	The Samuel of
Express 4912 Olane des Russian	es 19 Benedamina	2863	370	
	ates ales	10 California		
A NEW L	738700			
- A3 742 - 10 10 12	21 35		43,245	
K Premens		P-36 85 H	Burial	



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 266081 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n. DATE OF DEATH MONTH (TYPE OR PRINT) ARENCE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR BAJJIMORE CITY OR COUNTY OF DEATH ( STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY S. Carolina WIDOWED DIVORCED IO GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS Painter INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD ASSION) COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 7 VE 21215 3603BELLE YES IN CALTIMORE NO [ FATHER'S NAME 15. MOTHER'S MAIDEN NAME John E. Terry Ha FIRST LAST ADDRESS 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (AFT SOB MUKHOMU) 240-24-4862 Terry 3603 Belle Lillian APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) CARCINOMA OF THE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING **71h TIME OF INJURY** 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my (our) spinion death accurred on the date and hour and from the causes stated above, (I feet and ) did not) view the body after death. TIL SKINATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN & NAME TITTE OF PRINT 220-ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Charles A. Rice FSPA 1300 Edtaw Pl,

23b. DATE

9/18/ 85

230. BURIAL, CREMATION, REMOVAL

Burla1

23c. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. who bill " "

Arbutus

B. C. COUNMING.

NO T

STATE

14011015 Donate Hosper Charles